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ABSTRACT

This book is a resource for human service professionals with detailed information necessary to start, maintain, monitor, assess, and reevaluate a program targeting independence. It describes the Whole Life Program, an interdependent apartment program combined with continuing education for adults with developmental, physical, and emotional disabilities. Section I, Planning and Development, begins with an introduction to the concept of a Whole Life Program. Chapters 2-8 explore the process of running the program. Chapter 2 considers program structure and design. Chpater 3 looks at implementation and modifications that may be needed. Chapter 4 explores curricula, the adult education component, and program evaluation elements. True-life anecdotes from various phases in the Whole Life Process appear in chapter 5. Chapter 6 discusses the health advocacy role in all phases of the Whole Life program. Chapter 7 addresses tasks of case management. Future designs for growth are examined in chapter 8. Section II is the Whole Life Program operations manual. Chapters cover philosophy, assessment, intake, support services, structure, curriculum, evaluation of participant progress, management of individual funds, emergency procedures, emergency beeper system, nutritional standards, psychological concerns, medical concerns, exit, and vehicle usage and maintenance. Instruments and necessary forms are provided. (YLB)

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WHOLE LIFE PROGRAM

Adult Learning Systems, Inc., Michigan

- The Acculturation Model of Interdependent Apartment Living for Adults with Disabilities
- Interfacing Individual Rights with the Responsibilities of Community Living
- Continuing Education Courses through College for Living

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By:
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Foreword By: Gerald Provencal

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DEDICATION

To the first Whole Life participants, pioneers in independent living, and to the Whole Life staff for helping the participants learn to take risks.

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FOREWORD

The community placement movement has proven to be a great friend to people with developmental disabilities. It has clearly introduced a world of possibilities to people who otherwise would have remained tethered to large institutions carefully located outside of town, and culled from area life. Enough has been written about what is experienced in such institutions for us to understand their inherent tendencies to subdue potential and deny the pursuit of choices by their tenants.

In counterpoint, community placement has become such a popular objective that the term has come to be used almost as a slogan which elicits both liberating excitement and defensive anger from audiences. As someone who has been personally caught up in this provocative campaign, I have been proud to be a participant. Together we have introduced the beginnings of citizenship to a stratum of the population that has not known it. However, while most of our work is satisfying in its "correctness," we have not been perfect.

I have watched (and acted) as we proponents of community placement have become so passionate in our anti-institution ethic that, along with laying up great accomplishments, here and there, we have mislaid a point, blurred a principle or mistaken a means for an end.

More and more I am becoming convinced that one such imperfect side effect of our zeal is that too often the group home has become a "premature end" for the client. By this I mean that even though an individual with a developmental disability could be helped to move on to a more independent setting than the group home they reside in, they are not encouraged to do so. The client, while certainly not being deliberately hurt by living in the group home, has outgrown it and is being stunted nevertheless.

In this connection, we must come to accept the fact that even though the group home model presents us with a vastly superior choice to the traditional institution, it too can thwart growth and subdue potential like its predecessor. It is also wise for us to keep in mind that the forces which bring about the suppression of development act on the good people running group homes just as they acted on the good people running institutional programs years ago. They evolve subtly almost without notice. There is no announcement: "We are now going to thwart client growth!"

The influence is as comfortably graduated as it is unintentional. The

scenario played out is one where, over time, the environment which was intended to be an awakening one, designed to lead people to a more expansive world, slides into becoming a preferred world in and of itself. The atmosphere tends to shroud more than stimulate as the spirit of adventure, and high energy (so obvious in new group homes) is transformed into a management mentality. When this occurs, client curiosities are cooled out rather than reinforced and the sense of daring so essential to everyone's self-actualization is cautioned away or converted into making aspirations more realistic.

When such a phenomenon occurs in a group home, all the challenges hurled earlier at the institution apologists about normalization, least restrictive doctrine, and full integration are seen as inapplicable because we are—after all—the good guys; we are doing community placement!

The moral here, of course, is that we all are susceptible to program self-indulgence and the malady hurts the client whatever the address; be it a home on a hill with a thousand in the household or one down your street with five.

What has aroused my need to share this observation is the fact that the book which follows is a study in contrast to the trap of "premature end."

The Whole Life Program created by Alice Roelofs and Jan Black is an endeavor which presents bold opportunities to individuals with developmental disabilities. It also presents those opportunities to their parents and those agencies which manage other residential models. While Whole Life must also guard against the same kind of self-indulgence as everything else on the residential continuum, it seems to be in less danger than the rest.

Whole Life has a kind of built in gyroscope that keeps the program in a state of healthy agitation. The program agitates in that it implores us not to juse let our clients take another step, but to "help" them take that step. The authors are reminding us that we as professionals and parents have a responsibility to actively assist people we care about; assist them to expand, to be everything they can be, to strain toward self-actualization just as we strain. And the presence of personal gifts or handicaps should have no bearing on the ownership of that responsibility.

The housing foundation of the Whole Life effort is the apartment. Individuals with various developmental disabilities set up residence in integrated units with one other roommate. Individually and as roommates, they learn how to cook, shop, decorate, make friends, cope with loneliness, avoid danger, make the most of their leisure and more. The program is built on an educational model in that carefully selected learning objectives are chosen by the client and staff to be worked on.

Community college and adult basic education programs are used as sites to teach the skill acquisition classes relevant to all participants in the program.

The supervision is geared more toward guiding clients to make their own choices among a range of choices which they may or may not have some influence over. The staff lean away from being directive and instead are more apt than not to answer a participant's question with one of their own, which in turn requires an answer which in turn moves the client a little closer to self-sufficiency.

The Whole Life Program is built in part on upsetting comfortable equilibria which exist between clients and group homes where they have lived for years, and between clients and their families upon whom they have depended for years. The Whole Life message is not, however, that these relationships need to be replaced by new sets of more "adult" ones. Nor is the message a contemporary version of the 60s—"if it feels good, do it"—dare that tells parents to get out of the way in no uncertain terms. In fact, it would be a serious mistake to view this program as one which either rushes or pushes people toward independence. Each client is helped instead to recognize the choices which life holds for him or her as an individual, select from that array, and act on increasing its breadth and depth for future choices.

Whole Life does not urge us to be so ambitious on behalf of the individual with developmental disabilities that we abandon or even bruise people and places that have been important along the way. In fact, throughout this model, there is great emphasis placed on interdependency and on showing patience and sensitivity to people who have been important to the client; to bring them along (if you will) so that new steps will be less frightening for everyone who takes them. Parents and guardians are helped to accept both the risks and the assurances that are a part of their relative moving toward citizenship.

The book itself should prove to be an extremely helpful resource to human service professionals as it includes the most detailed (and easily presented) information necessary to start, maintain, monitor, assess and reevaluate a program which targets independence. I am certain that it will be welcomed enthusiastically by people with an itch to start something that will encourage a little more careful risk-taking for individuals who have been harbored from much of life's richness because good friends have wanted to spare them pain.

In one of the early chapters, Roelofs offers that an effort such as Whole Life "demands helps of faith and strength to face persons who find change distasteful or frightening."

I couldn't agree more with this observation and see it applying to more than clients. In fact, I thank Whole Life and its "heaps of faith" because it has helped the Macomb-Oakland Regional Center accept

that we have not come far enough yet, and, further, to recognize that Perske's Dignity of Risk concept applies to professionals and agencies as well as client consumers.

Whole Life has unlocked yet another door which has kept some people spectators instead of participants. It didn't come too soon.

Gerald Provencal
Macomb-Oakland Regional Center/
Wayne Community Living Services
Mt. Clemens, Michigan
1983

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SECTION I

PLANNING AND DEVELOPMENT

by

Jan L. Black
Alice Roelofs
Jane Provencal

Chapter 1

A NEW STEP IN THE CONTINUUM OF SERVICES

Whole Life Program—what is so unique about this program that warrants sharing the details of running another residential service for persons with disabilities? One might observe that there are a multitude of residential programs steming from the movement to deinstitutionalize persons that have previously been warehoused by society.

The fact that so many programs have been designed and adopted by state and local systems admits the need for services. There are many people who need services to live within the community. Training people for more independent living and more control over the decisions made about their lives are the goals of many "group home" movements. The reality of application of that goal into concrete terms is sometimes distorted by monitoring systems that do not allow risk taking and growth (which can be painful) to occur.

The need for programs that work and accomplish clear goals and objectives set forth is imperative. In addition, economically speaking, we need programs that succeed within low-cost parameters.

What is the underlying philosophy that ensures Whole Life Program's uniqueness and desirability? Whole Life Program (WLP) is based on several tenets:

1) There are some people in the existing continuum of services who have not had the opportunity to reach the least restrictive environment appropriate for them.
2) Some persons who are labeled disabled can live within the community if given supports in major decision-making situations.
3) Adults should have the opportunity to live in "normal" life patterns, modeled along community lines.
4) People have the right to assume more and more responsibility for their lives.

The tenets lead one to the major philosophical premise of positive interdependence. Each person develops support networks within his/her life circles. The networking helps people through problems and difficulties of day-to-day situations and also provides support during major crises. Also, positive interdependence sets up social networks that ward off

loneliness and isolation that occur when those important structures/networks are not developed.

Whole Life Program approached these tenets by combining emphasis in two life arenas: the residential environmental and the milieu of continuing education. Whole Life finds apartments for persons labeled disabled, finds similar lifestyle apartment partners, helps folks move in, and sets up a monitoring/self-help education program for assuring accomplishments of participants. Also, Whole Life offers education courses in community living skills to enhance skill areas that are essential for independent living.

Persons who take advantage of Whole Life Program are adults with developmental, physical, or emotional disabilities. They are on Department of Mental Health or Community Mental Health rolls and are in need of individualized support to thrive in the community and formulate their own resource network. In order to come into Whole Life, people are assessed in twelve key life areas involving interpersonal social skills, health issues, safety and survival skills, apartment upkeep, food preparation/preservation/procurement, and money management.

The following chapters will explore in detail the process of running an interdependent apartment program. The continuum of services used to meet the needs of people with developmental disabilities covers many stages of those persons' development. There are programs for individuals who are severely limited in their development; programs are also designed for people who are beginning to grow toward independence; and there are group homes for persons who want to have the opportunity to live within the community. We see a need to extend services to those who have developed past the group home stage and who now wish to try to live on their own. At this time, there are few options beyond the group home model. Many people are living in a more restrictive environment than necessary. They have gained the skills needed to live independently/interdependently but have no opportunity to demonstrate their abilities. They want more independence, but they still need some support services. These persons would benefit greatly from a non-supervised living environment. The quality of life of persons using the present system has reached a plateau. It now becomes expedient to take one more step to allow individuals the chance to manage their lives on a day-to-day basis as members of the community.

Doug Salo (above) and Joe Brandl at work.

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Chapter 2

NUTS AND BOLTS: THE LEGOS OF AN INTERDEPENDENT LIVING PROGRAM

In order to implement a risk-taking venture for persons who are labeled disabled, structure and design need to be closely scrutinized. The educational premises on which these programs are based suggest that, 1) all persons can learn, 2) all persons learn in different styles and with different needs, 3) all persons have the right to explore their environments and expand their horizons within a reasonable framework, and 4) not all persons are capable at this time to make decisions that are required while living interdependently.

Structure

Starting with these premises, one might conclude that little structure is needed—just let them move in; when they need help, help them. But study and work with institutionalized adults, as well as analysis of stress factors that independent living can produce, make it clear that well calculated design and structure are imperative.

Accountability to several segments of our system is also an indicator that structure needs to be clear. The monitoring agency needs to be assured that risk factors are carefully controlled. The direct service staff are concerned about staff hours needed to aid individuals living interdependently. Families and persons intimately involved in the lives of our interdependent living pioneers need assurances that people will not be left to fall "between the cracks" as have so many people dropped from the rolls of identified social service programs. Neighbors and community members also seek answers and have concerns regarding persons trying to live interdependently within the community. They want to know what their responsibilities are. Most of all, people who choose to make an effort to live interdependently want assurances that they will be helped with critical living issues that they have not yet learned. They need assurance that everyone makes wrong choices as well as productive ones as they go through life.

In order to develop a viable structure, we looked at existing models. We toured Intermediate Care Facility–Mentally Retarded (ICFMR)

medical model facilities, institutions, group homes, foster care homes, workshops, day programs, drop-in centers, work sites, and semi-independent apartment programs. We then researched programs around the nation and in other countries searching for models that would work.

What we found were several models, each having points that could be utilized in basic design of a workable program. Some basic questions arose concerning structure:

1. What freedoms and responsibilities should be demanded for/of participants in an interdependent living situation?
2. How will skill gaps be filled? What curriculum will fit?
3. How will health/medical needs be met?
4. What kind of funding can be obtained that will make a program worthwhile?
5. Should persons involved have jobs, go to school, attend workshops?
6. What about transportation?
7. What about emergencies?
8. How should their respective dwellings be monitored?
9. How can persons ready for Whole Life Program be identified?
10. How can a Whole Life Program be evaluated for effectiveness?

Looking at all of the existing models made it abundantly clear that what we proposed to homestead was virgin territory. There were programs in many states that touched on some of our goals: a "bootcamp" for independent living in California; drop-in centers for Chronically Mentally Ill (CMI) folks in Chicago; apartment programs around the U.S.; training programs in moving toward independent living in Canada, and many U.S. states; people living on their own after being dropped from social service rolls; and numerous other programs focused on medical, emotional, recreational and training needs of persons labeled developmentally disabled.

None of these programs touched upon a person's whole life needs—the bootcamp was an excellent beginning; drop-in centers helped with immediate emotional needs; apartment programs supervised people round-the-clock in residential settings; training programs taught skills in isolated settings; people living on their own began living removed, sterile, lonely existences with no ability to link to services needed. All of these programs filled existing systems and promoted beliefs that folks who are developmentally disabled deserve to have more rights and freedoms and that they can grow and learn.

Looking at all of these aspects in which persons who are developmentally disabled "fail" when trying for more independence, we put together a plan for affecting a person's entire life. The model we chose to use came principally from three sources:

1) A program that authors Black and Roelofs designed in Colorado based on educational premises, using adult/community education as a vehicle for addressing skill gaps (*College for Living*, Metropolitan State College, Denver, Colorado);
2) The combination workshop/drop-in center model based on the premises of social work and special education that give more chances for retention of subject matter, and;
3) Lifelong opportunity for follow-along services to monitor, aid, and reinforce skill areas and skill gaps through emergency activities (this source was derived from noticing what *lack* of follow-along activities could do to a person in need of support).

For some people, we realized that total involvement in Whole Life Program might be their long term goal. For others, only certain facets (and these on a phase out plan) of Whole Life would be needed for their interdependence to be complete.

Program Design

The design began to take shape for a program that would have a positive impact on persons who were motivated and capable of living within the community if given certain supports. The structure would feature a Learning Center where educational studies and counseling could take place. A cluster of apartments (five at the most) would be located within a large apartment complex where folks who were disabled could live interdependently with beeper systems available to aid in emergencies. Evening courses at a neighboring college would be offered. The apartments would be near stores, churches, recreation. A mapping of community support systems would be necessary, as well as an awareness of resistant factions within the community. A support service team that believed in a person's inalienable rights to privacy in his/her own domain would need to be found. People would need to be assessed as to their readiness level prior to entry into a Whole Life Program. Convincing existing systems to let go of persons who are ready for independence, and combatting fears that naturally come when the thought of letting go occurs all needed to be addressed.

The following is the basic outline of the Whole Life Program flow:

I. Application and Assessment
   A. Interest Inventory Interview: Before a person can become part of the Whole Life Program, she/he must complete an interest inventory. Self-motivation and the desire to grow are important to success in this program.
   B. Ability Assessment: In order to take the risks and to learn that making mistakes in independent living is not only okay,

but very natural, the program needs to be sure a potential participant can face failure and learn from it. Also, an ability assessment teaches the staff and the participant, who must work togehter, a lot about each other. To live independently some skills are necessary; therefore, the assessment happens not only at the beginning of the program, but also on an ongoing basis.

II. Individual Outcome Review: This will be the evaluation component of the individuals in the Whole Life Program. Based on the Ability Assessment Interest Inventory and the individual's needs, goals and objectives will be set up annually and the individual will be assessed quarterly.

III. Twenty-Four Hour Emergency Support Services: When the Center is closed, program staff will be on call.

IV. Counseling: Small group and individual counseling is of value to any person who is taking the risk to grow. In the community we use family, friends, and sometimes professionals, to help sort things out. The Whole Life Program will encourage all types of counseling that will allow individuals to make sound decisions.

The Program is located in an accessible location to both the community and the persons utilizing the program. The program does not seek a high degree of visibility, preferring instead to be a natural part of the existing community. The hours of operation are flexible to meet the needs of the persons for whom the center is designed. Day-time hours are standardized. The center is used on weekends and evenings. This allows much community participation. Recreational and cultural activities are encouraged and the center is used as a meeting point.

The people in the Whole Life program live on their own. This means that their residence is their private domain. The staff of the center develop relationships that allow them to be invited into an individual's home for conversation and friendship. Visits to a person's apartment do not give the staff person the right to tell the individual what to do in his/her home. Home maintenance is approached at the center. If a problem develops, suggestions for possible solutions are offered. Because we are concerned with persons in the program, case management is a necessity to guard against crisis situations. The casemanager, however, should be able to use a non-directive style with participants who are in the Whole Life Program. This is another way to support the idea that an individual who is developmentally disabled is first and foremost, a person, and second, one who is described as "disabled."

INDIVIDUAL WEEKLY MAP

AM/PM—TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8:00 a.m.	Transportation to work or school; taxi or bus						
9:00 a.m.						Laundry; apt. upkeep; plan one's leisure activities; bowling; hobby; plan meals	Church; shopping; recreation; friends; loved ones
10:00 a.m.							
11:00 a.m.							
12:00 p.m.			Work or School				
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.	Transportation home: taxi or bus						
7:00 p.m.	Prepare dinner, relax----------						
8:00 p.m.	Friends Over	Night Class	T.V. & Winding Down	Night Class	Show; Dinner With Friends		
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							
1:00 a.m.							

A. Six Week Pre-Entry
Skill gaps are filled by an intense six-week pre-entry program at the participant's place of residence prior to living independently. At the beginning of the period, instruction is given to either staff or family as to critical readiness areas. We are interested in as smooth a transition as possible for persons joining the Whole Life Program. During the acceptee's final few weeks in their previous placement, we ask that responsibilities and duties be given as needed in such crucial areas as meal planning and preparation, food shopping and storage, self-medication, budgeting for apartment necessities, use of leisure time, and meeting time schedules.

B. First Month Assessment
Upon entry into Whole Life Program, intense assessment of present skill levels is done—using existing assessment tools and designing ones that cover critical survival areas. We designed our own Ability Assessment tool for entry level skills and also a quick Adaptive Assessment once a person begins interdependent living. We also use standardized curricula that we have found valuable when teaching staff to work on skill gaps with Whole Life Program participants. The Adaptive Assessment complements the Ability Assessment in determining skill levels.

C. Developing Courses to Teach
Skill gaps are approached from an educational model. We identify areas of weakness. We then set up long term goals and short term objectives and identify methods and activities that can be used to reach the objectives and the learner. Following the principle that if a person is self-motivated he/she will learn much more rapidly and will soon be asking for needed information in order to fill gaps has helped create a viable individualized program. The key to teaching is to make the subject matter relevant to a person's life style.

Other Concerns Addressed in Programming

The following are other programmatic issues that Whole Life had to address in order to be able to function within the Mental Health framework:

I. Health and Medical Needs

Because many persons who are developmentally disabled also have some form of physical dimension in their disability, the need to design a program that covers health and medical needs as well as emotional and daily living skills is apparent. People on Supplemental Security Income (SSI) or Social Security Benefits (SSB) are entitled to Medicaid or Medicare. This can cause problems when trying to obtain quality medical, dental, habilitative,

and surgical care. Initially, location of a good doctor and other necessary health support services within the community is essential. We prefer utilization of health care professionals who have no previous dependence on institutional philosophy to ensure that our participants receive the same quality of care to that of other community members. Also, if psychological or psychiatric services are needed, a Community Mental Health Center is tapped instead of isolating people within institutional boundaries. The only real way to have persons live normally in the community is to have them use existing generic services.

Using holistic health classes, promoting preventative medicine and positive health practices aid people in coping with the stress of independent living. Persons often contract illnesses when making major life changes, therefore, immediate location of a doctor and implementation of relaxation and stress management classes must be instituted from the beginning when a participant chooses interdependent living through Whole Life Program.

II. In order to implement an interdependent living program in this economic crunch time, a careful analysis of resources is necessary. Funding is necessary to, 1) subsidize the apartments, and 2) pay for the day, recreational, transportational, and follow-along services. The participants pay for their own utilities, food, clothing, phone, entertainment and other necessities. They share apartments which makes it possible to either live on a fixed income, seek competitive employment, or go to school.

Funding can be obtained through a variety of means—social services, Department of Mental Health, housing authorities, all working in concert to offer support services to persons who are developmentally disabled or chronically mentally ill. They key to funding is to target influential persons in a given system, get their backing and then implement the program.

III. A wheelchair van or station wagon is imperative for programs that work with folks who are physically disabled. This helps with essential transporting of participants to and from medical appointments, grocery store, shopping and field trips. Generic community services are tapped in order that participants learn how to get around in the community. Going to the program's Learning Center by bus or cab teaches independence. Also, teaching walking/wheeling around the neighborhood is beneficial for vital exercise and for interaction within the neighborhood.

With transportation, an in-service in wheelchair manipulation and maneuvering is important. Finding people who volunteer to drive folks to activities can be done through local groups. Religious

organizations, civic groups and social service organizations all like to be involved in special projects not only need money but also enjoy personal interactions with others who need help.

IV. Emergencies

Because living independently involved greater risks than the system has chosen to allow before, we need a back-up system. Also, because living independently entails some loneliness and fear, an emergency contact system has been instituted. When participants are vocally impaired, an emergency system that does not require voice response is used; we have installed in their apartments an emergency button that a participant may push if she/he are anxious or having a crisis situation. The button is connected electronically with an answering service that immediately beeps program personnel on call, saying (for example), "Emergency in building 1, apartment #101." The person carrying the beeper responds by calling directly to the apartment in need of help. If the situation is an emergency, instructions are given and then the person on-call goes to the apartment having the need after contacting police or emergency medical vehicles if necessary.

We also recognize that emergencies occur away from the apartment. We require our participants to carry a card which gives explicit instructions for "beeping" us by telephone when needed. People practice this once a week in order to retrain the knowledge of the emergency system.

Also, since living alone involves dealing with common sense situations, first aid, kitchen and apartment safety classes are run. Natural disaster and fire exit plans are also practiced on a regular basis.

V. Monitoring an Interdependent Program

Case management of most residential or day programs has traditionally consisted of close observation of living conditions designed to protect and ensure the rights of persons who are developmentally disabled. Health concerns such as amount/type of food consumed or medical considerations have been objectively critiqued and regulated. Cleanliness of environment and safety during work hours, as well as programming of persons have been analyzed. If the person's well being is threatened, an alternative living situation is sought.

When designing an interdependent living situation, a new system of case management and a new style of case management became imperative. We looked for a social worker who enjoyed a non-directive approach. In addition, a firm belief in a person's right to grow and reach her/his full potential was a "must" characteristic for case management of Whole Life Program.

Living independently requires a lot of "letting go" on the part of support service personnel. People do not always make the best choices when living independently. They do not always eat balanced meals or go to bed at a prescribed time or pick up their apartments on a daily basis. A person living interdependently may not always handle her/his money wisely. Often she/he does not know how to settle disputes with roommates appropriately, or how to have a platonic friend of the opposite sex. A case management system of a Whole Life Program must allow for mistakes and intercede only in life or health threatening issues. With life being the best teacher, the value of experiential teaching/learning cannot be overemphasized.

A case manager must be humanistically educated and must believe that persons labeled disabled are, first of all, people. Secondly, the case manager would have to orient/guide the rest of the consultant team (nurse, psychologist, dietician, occupational therapist, speech therapist) to the goals of interdependency.

VI. Freedoms and Responsibilities

To develop fully within the community, a Whole Lifer needs clear concepts of responsibilities that come with independent living. A sense of community and neighbors is encouraged. The responsibility to face and to solve problems in rational, common sense ways is a priority. Asking for help when needed becomes a survivial skill. Persons who do not recognize their limits and needs cannot be totally responsible or independent.

Challenges in learning responsibilities come from paying consequences for poor choices and reaping benefits from choices that work. Instructions and support for decision-making lead Whole Lifers to more and more responsibilities. If a person is not ready for major decision-making, Whole Life Program narrows the amount or scope of choices until the person learns to respond. As a person takes small risks and survives them, more risks are taken which lead to thriving.

VII. Identifying Persons Who Are Ready for Independent Living

A two-day, overnight assessment takes place before one is invited into Whole Life Program. Before being assessed, a person's background information is scrutinized carefully to allow for a correct decision in community placement. A person needs to display skills as well as motivation.

During an intensive two-day assessment, assessors watch and observe potential participants. The assessees cook, clean and run the assessment apartment. This gives the assessors the opportunity to see actual performance levels. If someone creates toasted cheese sandwiches, a smoke filled room (because they did not use

a stove (fan) and an alarm ringing due to the smoke, they must handle the resulting problems. The staff observes and intervenes only to protect a person's safety. For those two days, the individual is under stress; this helps to see reactions under pressure and if those reactions are adequate and appropriate for living alone within the community. The assessors are human and warm to help people through their experiences. By the end of the two days, some people are excited about the possibility of confronting new challenges and learning new skills. The people being assessed get a copy of their assessment and a letter detailing their major strengths and also areas that need improvement.

The assessment covers major life areas: 1) Emergency Procedures, 2) Apartment Upkeep, 3) Apartment Safety, 4) Self-Awareness, 5) Body Care and Awareness, 6) Food Preparation, Preservation, Nutrition, 7) Shopping/Consumerism, 8) Communications Within the Community, 9) Money Management, 10) Understanding Others, 11) Earning a Living, and 12) Free Time.

Overview

Structuring and designing a program demands heaps of faith and strength to face persons who find change distasteful or frightening. Structure and pre-planning are necessary survival of new ideas. While gathering data to back new ideas, a process must be clear for adequate support. Any new system must always build in avenues for feedback and for change in order to survive.

Whole Life's design include two major assessments, contracts between Whole Life and participants, interest inventories, and emergency protection/advocacy system in place, and counseling available for persons who find community problem-solving stressful. Monitoring is successful because making mistakes and learning experientially leaves adequate residual outcomes so as to track needs of participants and other concerned individuals.

Chapter 3

WHOLE LIFE MEETS ITS CONSUMERS

A practical and thoughtfully structured program design helps things flow. But when the reality of implementation strikes like an ocean wave, personnel need creative modifications to keep the program afloat.

Realities of a Move-In

The initial Whole Life Program became full-fledged the day in November of 1980 when our first three residents moved in. Our philosophy centered on independence. Consequently, staff furnished the host apartments with curtains, mattress sets on frames, telephones and emergency beeper button. The new participants brought everything they owned: clothing, radios, stereos, wall decorations, leisure time materials, and an occasional clock. A list of essential dry goods comprised one shopping list, food another. When these items were purchased, the look was still bleak when compared to licensed group homes or some other prior living arrangements. Anyone who recalls getting their first tight budget apartment away from family can identify. Welcome to life on your own! No more taking things for granted.

Move-Ins, Round Two

The second influx of Whole Life Programs saw smoother move-ins based on experience from the first one. But new modifications were required as participants with different backgrounds arrived. One had so much furniture it would not fit in his apartment. His roommates were forced to accept his taste in front room furnishings and to give him the single bedroom for his overflowing goods. (At first he was angry that he didn't get the large bedroom meant for two persons!) It was not uncommon to see up to three stereo systems and televisions arrive in one apartment. Many essentials were still lacking, however, luxuries were in abundance.

Direct Service Staffing Variations

An immediate modification in the first Whole Life Program dealt with direct service staff time. We anticipated a single instructor position from

1:00 to 9:00 p.m., five days per week. The actual hours provided over the first six weeks encompassed blocks of time on weekends and 9:00 a.m. to 9:00 p.m. during the week. Three staff persons were involved. These factors accounted for the increase in needed staff time:

- the first three persons moved into their new apartments in an unfamiliar community at the beginning of the Thanksgiving and December holiday season. Thoughts of family and old friends were paramount, hindering the adjustment process.
- we learned that some participants knew the correct answers to ability assessment questions, but performed differently in actual daily living. What had been accepted as truthful, positive input from previous placement staff was, in some instances, revealed to be their way of passing along a difficult client.

We quickly regrouped. An additional staff position was obtained, divided into two part-time instructor positions, one 6:00 to 10:00 p.m. for cooking instruction, recreation and counseling; the other position filled day time, Saturday and Sunday for experiential activities and transportation assistance. To our disappointment, public transportation was sparse where our apartments were located; this was somewhat limiting for any non-driving resident.

Program design for Macomb and Oakland counties was stronger from the beginning. Each program had a full time head instructors and 2.5 full time equivalent staff positions, divided into part time instructors to cover flexible time periods. Generally, this encompassed 4:00 to 10:00 p.m., Monday through Friday, noon to midnight Saturday and 9:00 to 5:00 p.m. Sunday. A total of 100 hours of single and double staffing occurred each week to help participants gain self-direction, broaden skills, and exercise independent living.

Initial Questions

Persons moving into the Whole Life apartment program are full of excitement, fears, hopes, anticipation, and insecurities. Below are the most asked questions from new arrivals:

Q: How much will my bills be each month?
A: Rent is set. Electric and gas bills are split evenly among roommates, as are phone charges, except individual long distance calls. A weekly grocery budget and spending allotment are set by participant and head instructor.

Q: When will the staff help me?
A: They mainly help participants practice emergency procedures, budgeting, menu planning, cooking, travel training/rides if no public transportation, learning to make needed appointments, socialization and leisure time. Different people need help with different things.

Q: How will I get around my new community?
A: There is a program vehicle at the apartment complex. Travel training on buses, handicapper transportation, and taxis is a priority. Feet, bikes, wheelchairs, and individual cars are usual modes of getting around.

Q: What if I need help (am lost, afraid, mad, unsure of a recipe, hurt) and no staff is around?
A: One of the first things taught to a new arrival is the use of our emergency beeper system. The beeper can be used from a person's apartment and from phone booths anywhere in the community.

Q: Will Whole Life help me find a job?
A: We encourage vocational training for eligible candidates. The social worker and head instructor assist vocational counselors with job placement leads.

Roommates

"If the three of you pool your weekly grocery money," reasoned the staffer, "you could buy better food."

"No way," retorted one of the roommates. "They would eat all the food and I wouldn't get any."

That threesome purchased groceries separately. Quarrels over food stealing got so vicious anyway, staff resorted to marking dividing lines in the refrigerator with tape. Now food is shared or given away by choice, happily, because each person feels in control of their edible goods.

It is so natural to have shared space difficulties. Individual interests and life-style preferences which are inventoried prior to entry indicate compatibilities. Recommendations for apartment partners are made. The rest is up to the residents to implement.

Extinguishing the Past: Institutional Behavior

The scars remain long after termination of the experience of institutionalization. Memories are expressed of the restriction of creative thought and regimented schedules, after false promises of "You want to get out of here, don't you?"

Labeled "children" despite their age, these people enter Whole Life Program unfamiliar with ongoing expectations for adult behavior. Sing-song teasing and tantrums are replaced over time by reminders and positive reinforcement. Choice-making and individual planning become a reality. "I did it myself" is said with an amount of pride destined to bring a smile to anyone's face. "I showed them. They said I could never do it!"

From Group Home to Whole Life

Sometimes trust is a problem. Persons leave their apartment door open as if it were a bedroom door. The first step in transition to apartment ways is the thought, "I must close and lock my door when leaving." Checking routinely for the key happens later, after several trips to the apartment manager's office or spending the night on another participant's couch. Our staff is trained to help in problem-solving, not in rescuing, even though we do have a master set of apartment keys on site in case emergency entrance is needed.

A major switch evolves in the area of food preparation and preservation. Planning a week's menu produces interesting results for beginning cooks. Typically, hot dogs, bologna and peanut butter are the initial conceptualizations. As weeks pass, people in our program rapidly learn not to forget milk, favorite fruit and breakfast items, or even vegetables.

One man in our program approached the local grocery store as if he were on a scavenger hunt. If "peanut butter" was on his list, the first jar he spotted was plopped in his cart, regardless of quantity or price. Now, months later, this same person is an old hand at price comparisons ranging from new eyeglasses to orange juice.

Modifications from Life with a Nuclear Family

Persons from single family units brought in some "do for me *now*" attitudes. Interest in group cohesiveness was slower to emerge than from persons having group home or institutional backgrounds. One single program vehicle could only head to one destination per time, so our newly independent individuals struggle to learn sharing and how to plan/ask ahead of time.

We also came to expect difficulty with adjustments to variances from "family tradition." I can't imagine why a roasting pot wouldn't double as a container for a tossed salad; but most persons with home backgrounds *insisted* that there must be a salad or mixing bowl somewhere. A participant in Whole Life Program eagerly anticipated his pre-arranged lesson in making lasagne. His skill level in cooking prompted his helper to direct him in a shorter, simpler method. Unfortunately, his taste buds were searching for what mother used to make, and he labeled his product a failure.

Staff Unity

Some teaching styles would carry the label "humanistic": having a goal or two in mind, but the means to that end is situational with the assumption that individuals vary widely in learning styles.

The above method can clash with a strict behavioralist's style. One instructor in our program operated solely on positive and negative reinforcement, group adherence to inflexible time periods, and monetary reward for production or extinction of behavior. Not only was his approach contrary to our Whole Life Program philosophy, it was at odds with the thinking of all our other employees.

Non-compatible teaching styles result in confusion on the part of the learners. Styles which are complementary (not identical) reach learners and teach them flexibility in patterns. Our instructors are challenged to encourage curiosity and a desire to learn. Experiential activities appeal by stimulating sight, sound, touch, taste, or smell. Individual learning objectives are set on a quarterly basis. They focus on the aspects of four goals set in annual meetings.

A Support Team: Coordinating the Effect

Whole Life Program was provided support services through a case manager, psychologist, nurse, dietician and speech therapist. At first some members of the team did not understand the philosophy or approach of this pilot program and felt unclear, even uncomfortable, in thier professional roles. Requests for monitoring and assistance were made for times when no staff would be working. Lists of recommendations poured in, generally with no offers for assistance in the task. All persons involved became frustrated.

An important role played by support staff is referral to medical specialists, vocational/training programs, and other community resources. They also serve to monitor each participant's health and well being. Persons living on their own learn to telephone support professionals for information and advice.

Inservices

The following inservices have been offered to Whole Life staff and support team from Whole Life creators:

1) Wheelchair maneuvering
2) Tapping community resources
3) Encouraging adult behavior from participants
4) Optimal use of curriculum guides
5) Do's and don'ts with apartment appliances
6) Hypertension
7) Epileptic seizures
8) Measuring individual progress quantifiably
9) Stress management
10) Time management
11) Program transition after participant move-in and adjustment
12) Beeper system.

The sessions are ongoing; there are generally two per month. Whole Life staff support services personnel are solicited to share their expertise.

The Basic Whole Life Program/Contract

After a participant has settled into the Whole Life environment for one month and decides to remain, he or she needs clarity regarding the positive interactions expected on an ongoing basis. Expectations within the program for a participant include payment of their monthly bills, attending educational classes each term, refraining from hurting oneself or others in Whole Life, and staff notification in the event of long-term absence from their apartment. In return, Whole Life Program agrees to provide an apartment, classes to expand participant learning, budgeting assistance, free time for individual pursuits, counseling, an emergency beeper system, and employment search assistance.

After careful explanation to the new person, the agreement is signed by the participant, members of Whole Life staff, and (witnessed) by the support team case manager. This "contract" is meant to form a serious working partnership.

Choices: Learning to Take Responsibility

A person with desire to succeed in Whole Life Program often is terrified to fail at anything. The latter is associated with being "sent back" to a group home or institution. The first months after a person's arrival can be full of denial about his/her poor choices, until trust is formed and the participant decides that various staff persons are on their side. One woman associated any writing done by staff in her presence to be notes of things she was doing wrong. One of our male members was so used to psychological questions, when Whole Life staff queried him on feelings, his response was to predict the underlying intent.

Defiance is common. A woman in our program has high blood pressure which her excessive weight jeopardizes. She understands how her health is threatened. However, for years food has been her primary source of gratification, and her will power is weak. There have been times when she bakes a whole chicken, claims loss of hunger in front of staff and eats two pieces. Her roommates report her consumption of the rest in the middle of the night, when no one is around to disapprove.

One Whole Lifer defied the weekly check writing system. It was difficult for him to understand a paper system of money. He felt richer and more in control of his finances if he cashed his entire monthly Social Security check and kept the money in his apartment. Staff reasoning as to dangers of theft, loss and no grocery money remaining by mid-month

went unheeded. He was finally convinced when he thought he lost $60.00 in the community one night. Now his defiance, so much needed in his life at this point, consists of an idle threat to withhold his money from the bank each month.

It is a continual joy to see common sense choice-making blossom in an individual. One person constantly contacted staff when locking himself out of his apartment. Now it naturally occurs to him that if all staff are gone for the night, his easiest action is to ask another Whole Lifer permission to spend the night on their hide-a-bed couch. Another person has given a copy of his apartment key to his neighbor to keep in case he is locked out or needs emergency assistance. Persons weak in time concept are asking their time conscious peers for reminders. Non-readers have readers decipher directions on packages.

Budgeting a small fixed income takes time and practice. Initial delight at receiving "so much money" in the monthly check is soon replaced by the realization of some necessary expenses. We begin by limiting participants to weekly amounts for groceries, spending, and expenses (e.g., laundry, toiletries). Additional money needs for items such as haircuts or birthday presents need our head instructor's consultation to determine a priority. Monthly living expenditures (utilities, phone) are monitored for a few months. If a person proves good judgment in those areas, weekly spending money allotment can be increased. Most of our participants don't like our requirement for a staff signature along with theirs on a check. But they also admit to having impulsive, now-oriented buying habits if left to their own devices. We laugh about it together.

Self-Advocacy

A group with special needs has to assert themselves. Most persons entering our program have an interest in telling others about their wants and dreams, based on positive as well as negative experiences in the past. We help channel them to resources who can give assistance.

Involvement in consumer advocacy groups is encouraged. Work for a just cause is reinforced. One purpose of our company vehicle is transportation to self-advocacy meetings working toward active, meaningful lives for handicappers of any label.

Some Whole Lifers recently joined us on a trip to the nation's capitol. They spoke out against funding cut which would affect education and human services programs serving persons with disabilities, and against proposed cuts in Social Security and medical benefits. The learning experience was highly beneficial for all. In addition, there was the joy of getting some persons out of their home state for the first time. Their excitement was contagious!

Competition

Early into the first day of Whole Life programming, competition was apparent. "My need is greater than theirs; my need is greater than anything else you are doing. Drop everything for me." Another standard complaint is "You never do that with me." Subsequent participants have replicated the phrases. At times competitive words get brutal: "I have a job in the community. Why don't you get one?" Retort, "At least I can cook. You can't even read." We as staff try to be supportive and flexible, prioritizing individual needs and giving everyone a turn. Everyone needs to feel important. Yet self-suffciency and pre-planning are the goals we nudge people toward.

Communications with Family/Advocates

The individual's family and friends can make the path to independent living gentle or rocky. They are invited to join in the transitional process when it begins at the previous placement facility. Any questions or fears they have about the step to Whole Life are dealt with then. We maintain ongoing contact with them through phone conversations, invitations to visit staff as well as participants, and involvement in periodic review meetings for their relatives/friends. One has contacted us about a budgeting question the participant couldn't answer for them. Two others have asked our advice on what house-warming gifts would be most useful. Much feedback expressing noticed growth has been received. We can do so much more if staff and advocacy persons work together toward the same goal!

Overview

A well planned program brings cohesiveness to staff. Whole Life thrives on the philosophy that individuals learn differently and have diverse goals as they experience independent living. It is important to realize that the day-to-day operations of each Whole Life Program will differ to accommodate the unique needs of its participants. Ideas regarding possible modifications have been stated. The element of flexibility is essential for optimal growth of persons in the program.

Alfred Bartolino and Ed Rosin balancing a checkbook (above); Chris Neff grocery shopping.

Bob Phillips (above) and another participant in leisure pursuits.

Chapter 4
CURRICULUM AND EVALUATION

The backbone of Whole Life Program is experientially based curricula applied to the residential and college-based continuing education components. The methods of evaluating individual progress and program effectiveness are similar, sometimes identical for each of the two components. This chapter explores curricula, the adult education component, and program evaluation elements in detail.

Curricula

The curricula of Whole Life is crucial for adequate growth. Plans for attaining annual goals are essential to assure participants of active learning taking place. Whole Life's curriculum began from adult education principles developed in Denver at Metropolitan State College's *College for Living*. Other programs began requesting ideas and curriculum. This curriculum combined with experiential techniques and other resources for developing specific objectives are used in Whole Life Program to offer accountability for services.

What kind of programming/services can be independent living program offer disabled persons? First of all, we researched existing day programs. We felt that for independent living what must be offered are comprehensive courses in common sense rules and problem-solving. We also found that participants wanted education—both academic and vocational. They did not feel prepared enough in spite of training they had received in schools or workshops.

We decided to build a three part coverage of our day component:

a) Survival Skills: Home Education, Safety, Mobility Training, Diet and You, Knowing Your Community, Apartment Maintenance, Money Management, Hygiene, Holistic Health, Consumer Issues, First Aid, and Handling Emergencies, etc. When a person asks to be involved in the program, an assessment of his/her present levels of independence and his/her knowledge of how to build a network of positive interdependence is administered. That assessment is also used to encourage the persons in the programs to realize their areas of weakness that need to be worked on in order to be happy in the community.

b) Occupational Skills: What's Expected on a Job, Socialization, Looking Good, Time Management, Filling Out Applications, Searching Out What You Need, Assertiveness, Choices, Decision-Making, Working With Others, Pursuing Job Interests, etc. Even though persons enrolled in the program may not have a job at time of entry into the program, they may choose to explore employment at some time in their involvement in the program. Occupational skills are crucial to being able to cope in the community.

c) Leisure Time Skills: Weekend Planning, Relaxation, Exploring Metropolitan Detroit by Day and Night, Vacations, Exercise, Visual and Performing Arts. To meet the needs of each individual, curriculum is developed as the students express an interest or need. Core curriculum is available on an ongoing basis.

With an individualized curriculum we also found experiential learning to be the most sure teacher. Therefore, individual assignments involving the community come into vital play.

Finding persons who are emotionally equipped to handle all of life's obstacles is rare. Therefore, periodic counseling sessions for each individual are set up. Also, in order to monitor such things as shopping and money management, a schedule for weekly purchases and monthly budgets is built in. We do know that persons living interdependently do not always make the wisest choices—nutritionally or financially, so having a staff person along to aid in making concepts transfer to reality is an important ingredient in interdependent living. Sometimes people who live independently do not have adequate socialization skills, so an intricate part of program design is the socialization, understanding oneself courses offered by Whole Life Program. This allows for individuals to learn how to use the community for exercise, recreation and communication.

When a person has advanced adequately, we encourage use of generic services. Community colleges, adult education and vocational programs are researched and participants plug in as desired.

Curriculum is taught in the twelve areas used in assessing participants. (See Operations Manual.) The mode of teaching varies with individual needs.

For day program, the State of Michigan requires twenty-five hours a week of programming for each individual. Whole Life is taught in either a day setting or during residential program hours. Twenty-five hours a week are structured for learning if the participant is not competitively employed, not in other school, or retired. If participants are working or are involved in other programs, at least fifteen hours of their off time is spent in learning situations. Whole Life is an educational model, not a medical or vocational model. This necessitates personal involvement and meeting individual needs. Risk and motivation are key factors in development of viable programs for each participant.

Areas of instruction are individualized and designed to work on the participants' annual goals.

In pre-readiness cases, learning can be centered at the apartment complex. As participants reach a readiness level, use of the Whole Life Program Center and other community services needs to be explored.

Weekly schedules need to be maintained to allow for "plateaus," "regressions," as well as learning "progressions."

Experiential learning is Whole Life Program's mode of instruction. This is both individualized and grouped.

- Grouping: At least ten hours a week are group activities: getting along with others and physical exercise are some areas that lend themselves to groups of varying size.
- Individualization: Examples of solo activities might be: apartment upkeep, check writing, leisure time pursuits, understanding oneself.
- First Aid: Staff is trained in basic first aid. They then develop emergency training classes for participants.
- Transportation: Training individuals in the use of Dial-A-Ride, buses, and pedal mobility is crucial to create independence. Persons can use their environment more thoroughly when they have conquered transportation problems. Therefore, transportation training and education in benefits and potential problems to expect from each mode are constantly being taught.

The curriculum used in the residential/day program derives itself from several different sources for objectives and activities to reach those objectives. A list of current curricula sources follows in the bibliography.

Adult Education Component

In addition to the residential aspect of Whole Life Program is the Adult Education Component. Periodically, classes are offered through local colleges' continuing education programs. Classes are team-taught by volunteers from the college and community.

A syllabus is given to teachers who prepare activities to reach individuals in their classes. Any adult (18 years and older) in the community may participate in the adult education component regardless of functioning level. Individuals are free to choose their own courses.

A survey of the students is conducted each term. New courses are developed from those requests.

This outreach component of our program proves very motivating. Persons in community living arrangements from group homes to independence are welcome to further their education. Weekly two hour classes in community living topics stimulate the mind and provide social opportunities. At the end, a recognition night honors persons who have attended regularly. They are easy to spot: a look a pride covers their faces. Certificates and continuing education units of credit are awarded.

Evaluation

We evaluate a variety of aspects within Whole Life Program. Major components of the system are discussed below:

a) Initial Evaluation of the Residential Component: The Ability Assessment and written evaluation from the Whole Life participant's previous placement are baseline guides for their individual program. The first month of residence allows a participant time to settle into their apartment, obtain needed furnishings, and familiarize themselves, family and friends to their new environment. Staff assists in the nesting process, teaches emergency and basic community living skills, and formulates priorities for ongoing learning in the program. At the completion of the first month of independent living, a Thirty Day Adaptive Assessment is completed to determine concrete levels of independent functioning and focus areas for learning. The Adaptive Assessment is administered once a year subsequently to examine progress and point out weak still areas.

b) Ongoing Method of Individual Evaluation: After one month of successful adjustment to Whole Life Program, the participant, Whole Life Program staff representative, family members, and support services team meet. The Whole Life contract for needed program/participant interaction is discussed and signed. Four annual goals are set. The four goals are used to determine specific learning objectives on Individual Outcome Review forms by Whole Life Program staff and participant.

Three more informal quarterly review meetings are scheduled each year. The participant, family members, Whole Life Program staff representative, and support services team members attend. The four annual goals are assessed, amended or replaced as necessary. Medical, psychological, dietary and other concerns or special needs are discussed. Service plans are evaluated and determined by the team for optimal participant growth.

Individual Outcome Review forms are introduced after each quarterly review meeting to follow the most recent four annual goals. (See Operations Manual.) Learning objectives are set for each participant. Progress is measured along an ability scale ranging from a numerical value of "5 = cannot do all (0% mastery)" to "1 = can do independently (100% mastery)." The bibliography in the Appendix offers suggestions for further research into our evaluation system. The specific learning objectives are built around four broad goals set by the participant, Whole Life staff, and support service workers (case manager, psychologist, etc.) in quarterly review meetings.

c) Evaluation of the Adult Education Component: Individual Outcome Review forms are also used in the evening college classes. The volunteer teachers ask each student what they would like to learn

in the course. They set a specific learning objective from the students' input and review progress the first, middle, and last week of the term.

d) Evaluation of Whole Life Program Effectiveness: So much progress-regression-resurge occurs in a person's life, it is difficult to quantify it accurately. The best way to evaluate social service programs such as Whole Life might be to become familiar with the purpose and philosophy of approach, then visit in on-site. This being impractical, reading management reports and program evaluation information is recommended.

The bulk of Whole Life Program evaluation is in management report format at this time. Program objectives are set forth in annual funding proposals. Quarterly reports enumerate the specific criteria fully or partially accomplishing the program objectives. Additional program accomplishments are also noted. Copies of the quarterly management report are given to the funding source, program staff, and members of the support team.

Periodically, participant data is compiled and statistically analyzed to study growth in community living skills learning areas.

Staff Training and Resources

The staff is trained in education principles, behavior management and interdependent living philosophy. The staff is taught to use life's encounters as experiential learning situations. Problem solving and transferring skills necessary for learning are used by staff when they teach. The important part of successful living within the community is being able to solve daily living problems. Larger problems often need outside support. Staff help participants find appropriate community support for large problems. Staff are encouraged to use the total community as a textbook. The resources available within each individual community are vast. The creative approach to learning helps broaden the classroom. Ongoing inservices are given to aid staff in growth and development.

The staff, the community, and participants all work together to build for success in Whole Life Program.

Every staff person doing direct service on a given day is required to summarize activities and participant involvement in the Whole Life daily log book to ensure a smooth, up-to-date transition for incoming direct service staff. The log is for Whole Life Program staff use only; information stated within it is confidential.

Overview

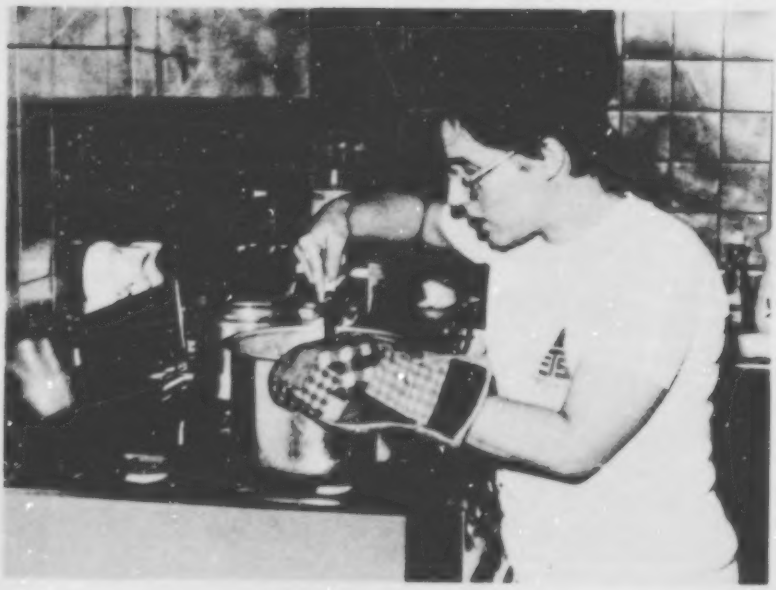
Training of staff and participants is an essential link in providing adequate services for persons involved in Whole Life.

Curriculum and training need to be grounded in experiential learning and also situational. Evaluating learning needs to be concrete and simple in order to progress.

Positive thinking, belief and trust that individuals can change and grow must be instilled in and taught to staffers as well as participants.

Learning can be both painful and fun; the reward of learning is seen in the next challenge that is accepted and handled with a little more ease and confidence than the previous encounter.

Learning is lifelong and always a new revelation.



A Whole Lifer prepares a meal for friends.

Chapter 5

GLIMPSES OF LIFE IN WHOLE LIFE

How do the consumers of Whole Life services learn to take increasing responsibility for their lives? The anecdotes that follow denote various phases in the Whole Life process. Included are stories from pre-entry assessment, first month adjustment, program guidelines versus participant choices, self-advocacy, problem-solving, community reactions and hopes and wants. Participant names have been changed. The events are true.

Assessment/Arrival

Jerry's mother had been talked into placing him in an institution at an early age, because of his physical appearance, his inability to walk, and the death of his father. A natural leader, he mentioned numerous instances of bringing out shy peers, listening to the troubles of others, and defying the suppression efforts of the institution. Jerry was judged ready for the challenges of Whole Life. However, his priority was completion of his final year of education entitlement. He refused to enter our program until needed arrangements had been made to insure it.

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George carried a double label: developmentally disabled and mentally ill. He had much experience to gain and needed to learn that he would have to face the consequences of his actions. George's rate of learning was slow. His retention was low. He was impatient, easily frustrated and quick to anger. George did not handle anger well. This participant was selected for Whole Life under the gamble that removal from his family situation would lessen his problem.

At 19, Joe was just beginning to take on the responsibilities of adulthood. Family problems kept him from returning to his childhood home. Joe's referral to Whole Life came because he had just exceeded the maximum age allowed in his group home.

Rick was also a young adult. He had lived in a foster home most of his life. His foster mother felt he was ready to take over his decisions and destiny. Whole Life Program concurred.

Years ago, Ellen had been in a semi-independent apartment program briefly, and she remembered "failing" (being returned to a group home). This time she wanted to make it. Her first two weeks of residence in Whole Life Program were filled with nervous inquiries to staff, "Am I doing okay? You're not going to write my mistake down, are you?"

Program Guidelines vs. Participant Choices

Because there is no live-in staff, Whole Life Program participants are drilled to use our beeper paging system for emergencies, practice, anger, and loneliness. Generally the system works well, but there are instances we would almost rather forget . . .

George beeped the staff person on call at 1:30 a.m. "My finger hurts," he reported, in reference to a two day old bike tumble wound. George had just returned home from work. "Is it anything that can't wait until morning?", mumbled the staff. "No," George laughed sheepishly. At 7:00 a.m., the staff got up on schedule and promptly phoned George for an update on his ailing finger. He was awakened this time.

"You did this to remind me of last night, didn't you? Sorry, I won't do that again."

Ron beeped the staff on call in the middle of the night. "I was transferring from my wheelchair to the toilet seat before bed time when

the chair slipped. I crawled out to the living room and used the beeper. I need help getting back in my wheelchair." The staff person agreed to make the thirty minute drive to his apartment. "There's one problem," Ron added, "I still have to go to the bathroom, and I can't wait thirty minutes."

The staff replied, "Well, then, if I were you I would get back to the bathroom so you can clean it up easier."

"You mean *I* will have to clean it up?", asked a surprised Ron, not used to taking responsiblity for his own life.

"Sure," staff answered.

When staff arrived thirty minutes later, Ron was dozing in the living room, and there was nothing to clean up.

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George insisted on having his whole month's grocery/spending money allotment on his person instead of withdrawing it weekly from his checking account; he insisted this put him more in control. He went to work and came back at around 10:00 p.m. as the evening staff person was about to get off work. George came over to visit and talk. He was fooling around with his wallet which was attached to a chain and his belt. Suddenly, he noticed his money was not there, then he remembered it was in his back pocket. But when he went to check his pocket, it was empty. He was very upset and thought he had lost it while riding his bike home from work. He checked his apartment, then started backtracking his route to work. The employee was concerned for him too, and offered to help him look because it was late and she knew he might look all night, and besides, he didn't have a flashlight and she did.

The two of them decided he would walk with the flashlight on the sidewalk, and she would drive along in her car, so that when he got back to where he worked he would have a ride home. Halfway there, a police car which was patrolling the neighborhood noticed the "slow moving car and the guy with a flashlight," which probably did look very suspicious. They explained the situation to the officer and luckily were believed.

George and staff had no luck finding the money, either on the sidewalks, grass, or at his place of work. While driving home, George started regretting his decision to keep all his money with him because now he didn't know where he would be getting money for food for the entire month. He came into the building slamming the door and loudly talking about the incident and his feelings. The noise caused another Whole Life participant to come out of his apartment to see what was going on. They got to talking and George recounted the details of the happenings of the evening. George then recalled that he had visited the other resident before coming to see the staff and remembered he had used James' bathroom. George asked the other man if he could check his bathroom, where 'lo and behold, he found the money on the floor! He was relieved, and understood the purpose of his checking account after that.

Self-Advocacy

Ellen advertised on local bulletin boards for housecleaning at an hourly rate. She took pride in her work. The advertisement paid off.

George earned money stocking shelves at a local store. He and his employer adjusted to each other nicely over time.

Wanda did copying and collating for a mental health agency. She also felt secure in her phone manner and helped out at the Whole Life Center part-time.

One of Ellen's ongoing insecurities was her cooking. To staff's delight though, she told a newspaper reporter writing about Whole Life, "I'm a good cook."

Joanne was good at reading and writing. She was encouraged to submit her life story to an international self-advocacy newspaper, *The C.U. Citizen*, published in Boulder, Colorado. Her first two pages are finished and her creativity is blossoming.

Wanda volunteered to represent Whole Life participant interests at the state's People First conference. She arranged her own transportation.

Four Whole Life participants elected to pay a reduced bus fare to visit their legislators in Washington, D.C. regarding federal budget cuts affecting handicappers. Ron attracted newspaper reporters like a magnet. He was willing to discuss the issues and demonstrated his genuine concern in the matter. Joanne was so excited to leave the state for the first time in her life, she was sleepless the night before departure. On the trip she cheered each new state and gathered souvenir photo books to commemorate her journey.

For Better or Worse: Problem-Solving

Joe decided he had had enough of his mother's drunken phone calls. Somehow she always obtained his unlisted number. He contacted the phone company and began recording the date, time, and content of her calls. His plan was to file harrassment charges against her.

James complained about disturbances, including the baby crying upstairs and sirens wailing on the street. One day he had enough. He walked down to the fire department and asked them to stop the noise. They said the matter was out of their hands; jokingly they advised him to call the mayor, which he did!

With minimal supervision, Wanda planned a two week vacation with relatives in Arizona, including flight arrangements. She declined the opportunity to go with Whole Life Program to Washington, D.C., however. Her steadfast reason was that she had been there with her parents in 1945 and got a blister on her foot from walking around.

George hates authority figures. Therefore, when issued what he felt was an improper ticket for not stopping his car at a stop sign, he tore it up in front of the police officer. He was promptly arrested for disorderly conduct. The staff person on call found him frazzled from trying to resist confinement. He expected his parents to settle the matter for him. They didn't. Consequently, George experienced the legal system and his rights, as well as duties as a citizen. Much staff assistance was needed to clarify his charges, possible responses and consequences; staff were also needed for moral support during many confusing situations. Again, George learned the hard way.

Community Reactions

Community resistance can be a major problem in deinstitutionalization efforts. A distinct advantage of running Whole Life Program in four or five apartments spread out in a 150 unit complex is the low visibility of the participants. Apartment residents are less territorial and don't pay as much attention to neighbors as would home owners.

Frankly, community reactions have been surprisingly heavy in favor of the Whole Life concept. Here are some examples:

Ellen won the heart of the local convenience store manager. She voiced a wish that she could learn to read. The manager began Ellen's reading lessons. The patience and caring were touching.

A teller at the local bank looked for some of her friendlier customers, Rich and Ann, each Thursday. They came in to cash their checks. She surprised them one week by posting a local newspaper article with their pictures and quotes featured. She told them that she sent copies to her family.

James liked to look at glasses frames in the nearby department store. Every once in a while he asked to have his glasses adjusted. That employee used James' beeper card instructions to contact staff one day. She was concerned that he suddenly became dizzy in the store.

Dan rode his bicycle to his friend's house. She drew him a map routing a less traveled way home. She also used his beeper card instructions to contact staff and ask what would happen if he got lost in the community since Dan was severely hearing impaired. She was assured that Dan had the resources of writing skills, and a beeper instruction card for community assistance if needed. He was used to not speaking and accepted his disability well. Dan was heard from later that same day when an employee at a local furniture store used his beeper card to contact staff. She wanted confirmation that Dan was affiliated with our program since he was ordering furniture. She was impressed with his intricate drawings of the rooms in his apartment and furniture needed to fill them.

Evan and John had been moved into their new place exactly one hour. While walking toward the Whole Life Training Center, they were flagged down by another apartment resident. He offered them $10.00 each to help him move by loading boxes onto his truck. As a result, Evan and John were able to afford a bottle of wine for their first night's dinner.

Negative reactions have generally been founded on preconceived ideas based on the way a person looks, walks, or speaks. Some apartment neighbors have complained about Whole Lifers loitering in hallways or talking to a family member without solicitation. At times, Whole Life staff are successful mediators. Other times the disgruntled persons move. In one case, a Whole Life participant was moved from the complex.

Participant Hopes and Wants

"Nobody ever thought I could do it before; thank you for giving me a chance," said Kent. He had just passed his three month anniversary of moving into the Whole Life Program. His apartment was well maintained and emanated his personality through posters, a healthy geranium, and a hefty record collection. Kent had been invited to join Whole Life six months before his actual date of entry. His group home staff had praised his abilities highly. His sister did not oppose a move. The hesitation came from within Kent. He liked the group home and the security it afforded. What if he took a step toward greater independence and failed? Being in a wheelchair, Kent's barrier-free residence options in the community were indeed limited. But Kent finally took the risk, and thrived.

Jerry continually proves to himself that being physically disabled does not prohibit him from leading a normal, fulfilling life. He plans to start a club for persons with similar disabilities. Judging from his present roles as leader and peer counselor in Whole Life Program, and his array of past accomplishments, his future should be tremendous!

Rick goes to a variety of community functions as Rick, not as a "member of Whole Life Program." He wants no special labels, no singling out.

Joe's countenance reflects the acceptance and stability he is enjoying for the first time in his life. He and roommate, Rick, exemplify a compatible partnership.

Two Whole Life Program participants served terms on the Board of Directors of a non-profit corporation establishing community residences for persons with disabilities. They voiced needs and concerns of consumers.

Overview

This chapter cited examples of our program theory put to application. Participant choices of action were not always "ideal"; this might remind us of our own personal growth. The various incidents give a true picture of what it is like to be involved in Whole Life Program.

Once participants settle into Whole Life, they strive for self-sufficiency at their own pace. They learn two vital things: 1) how to live on a relatively low fixed income, be it a form of government assistance or by competitive employment (this includes monthly and weekly budgeting); and 2) how to develop a network of interdependence, that is, tapping community resources for services, products, business and pleasure.

New examples of growth happen daily. The means to the end are not always correct. The end—maximum responsibility for one's life—will justify the mistakes. We feel it's worth it!

Chapter 6

KEEPING A HEALTHY ATTITUDE

In previous chapters the various components of the Whole Life Program have been outlined in detail. Included have been the overall purpose, planning and implementation of a successful program of interdependent living for people with developmental disabilities.

As a complement to previously addressed components, however, it is necessary to pay some heed to possible health concerns program participants may possess which could present yet another hurdle in their quest for independence.

People who could survive with minimal assistance were historically placed first into community homes with few supports in place. As more people have been moved from large, state run institutions and placed into the community, these pioneers have been shorted again as fiscal issues dictate that priorities be directed toward those who require more support.

For those people whose early release perhaps denied them services appropriate to their needs, programs such as Whole Life, complemented with a pragmatic approach to health maintenance, can serve to enrich the lives of people heretofore relegated to second class citizenship.

For many professional nurses, the thought of people with a developmental disability living independently, especially people who spent years as residents captive in large institutions, strikes fear in the heart, uncertainties in the soul, and sends us running to clutch at our white hats. These concerns can be compounded when the nurse, too, has spent time working within the dynamics of an institutional setting.

What becomes necessary is a purging of the usual clinically oriented health care model. The surviving model should promote the opportunity for unique involvement with program participants in a health advocacy/health maintenance role. This health advocacy role should be present at the periphery through all phases of a participant's involvement in Whole Life: assessment, preplacement planning, initial planning, ongoing residence, evaluation, and future placement.

Assessment

Before anyone's needs can begin to be addressed, those needs must be identified, whether they are based on programmatic concern or medical necessity. As previously stated, however, the health maintenance goals of a person in an independent living situation should complement and enhance the purpose of the program, not obscure it. This, of course, can be temporarily altered should a health crisis occur, but no more than it would alter anyone's lifestyle.

As previously stated, people who wish to graduate to independent living are invited to a two day assessment period at an apartment equipped to evaluate various living skills. This is where the role of the nurse should begin, with the initiation of learning the medical, nutritional and environmental status of the potential program participant.

Major factors which should be considered include:

- What is the person's awareness of their own health needs?
- To what degree does the person take care of these needs?
- To what degree could this person care for his/her needs?
- What are the chronic health conditions present that will have to be managed by the individual, i.e., epilepsy, diabetes, heart condition, allergies, activity restrictions?
- What are the medications prescribed? Reasons? What is the person's knowledge of these medications? Does this person already take their own medications? If not, why not?
- Can this individual read?
- What is the individual's awareness of safety, environmental dangers and emergency procedures?
- Does the individual being assessed handle and care for health aids or appliances independently? What is the prognosis of learning these skills?
- What is the person's ambulatory status? Transfer skills? Bathing and hygiene skills?

Although all of the above factors must be considered when a person is assessed for Whole Life, none should mean automatic exclusion from the program. When combined with the evaluations of other team members, however, the presence of a health concern which cannot be handled by the person independently or with minimal assistance would probably result in not inviting the person to the program at that time.

A case in point is a young man with spina bifida and severe scoliosis who needs a barrier free setting and is potentially perfect for the program except for a problem with skin breakdown on the buttocks. At this time the breakdown area requires regular treatment which he is unable to manage himself. If, however, this problem can be overcome, every attempt should be made to prevent the recurrence through

scrupulous self-care and sufficient support. Supplemental teaching from the nurse program staff will allow the young man to enjoy an independent life in the setting least restrictive for him.

Critical throughout the assessment period is the nurse's willingness and ability to involve the person in all matters pertaining to their health/medical concerns. It will ultimately be the responsiblity of the individual, not the nurse, to maintain their own optimum health.

Preplacement Phase

Once invited to the program it is the prospective participant's choice whether or not to move in. Meetings should be planned, if possible, with the nurse, participant, and the entire support team to plan and anticipate each individual's health concerns. Obviously, if there are minimal outstanding issues to consider, one meeting could be sufficient with the outcomes incorporated into the participant's overall plan.

Also included in the preplacement phase should be the future participant's family and advocate support system. These people can provide a wealth of information just by engaging in casual conversation. Should the person require refinement of skills in self administration of medication, treatments, appliance care or other tasks, this phase is ideal to initiate a cooperative teaching process in the present supportive living situation.

The "significant others" of participants are usually excited and extremely supportive in aiding them to move along the continuum toward independence. Usually "readiness assistance" can be easily incorporated into the day's schedule through a transitional program plan. If the participant is coming from their own family home, the preplacement period may require an intesne effort by the nurse as well as all staff to assist in the transition and the trauma of separating from the family for what might be the first time. This can result in a difficult and lonely time. Special care and consideration must be given to the family for the job they've done and skills they have taught to date. Building on skills already learned and assisting the participant to learn more using their present support system is practical, economical and conducive to a smooth transition.

Although the preplacement period usually only lasts a month or two, the following activities could lessen the intensity of the nurse's involvement later:

- Continuous informal assessment of skills by 'ghost' monitoring, i.e., phone contacts, lunch dates, meetings to discuss health concerns;
- teaching the participant acceptable ways of contacting health care professionals with questions and concerns;

- beginning utilization of community resources, i.e., physician, dentist, pharmacist, recreation facilities, shopping centers;
- medication and nutrition assignments; discussing the side effects of medications, caloric content of certain foods, etc.

A primary theme for the nurse, and probably the most difficult to accomplish when assisting someone to move into an independent living situation from a previously dependent one, is to drop the clinical treatment mode and adopt an advocacy/teaching approach. Nurses must examine the individual needs of the person and examine their own skills in regard to assisting the person to address those needs independently. It won't help to assist someone in the program only to have them fail later if the supports are withdrawn. Additionally, nurses must temper their clinical opinions with reasonableness and pragmatism. After all, who among us can say they were totally prepared for independence?

Initial Placement

Moving day has come and gone and the excitement of anticipation has turned to getting down to living. What does the nurse do now? EASY:

1) BACK OFF
2) OBSERVE
3) SUPPORT

The last thing the new participant needs is someone asking when their last bowel movement was: rather, a luncheon date, night out, or just conversation over coffee could prove easier on the digestion and supply more pertinent information than any formal questioning period. Nurses need to use every learned skill of observation acquired. Be clever, not tricky, at asking pertinent yet supportive questions:

- How do you like spending the night in your own apartment?
  NOT: Are you sleeping regularly?
- Wouldn't you like a salad with your french fries?
  NOT: Why did you order that?!
- Would you like to go jogging or bowling with me next week?
  NOT: You've gained 10 pounds in three weeks!
- Would you like me to show you my recipe for scrambled eggs?
  NOT: Can't you cook anything?

Most people who have lived in dependent situations, especially an institutional setting, learn early to be wary of clinicians bearing questions because of the way they are used later. A case in point:

Bill just moved into an apartment setting after spending 46 of his 60 years in an institution. Bill is 5'6" and weighs 180 pounds and has always been hassled about his weight, receiving the same diet plate for the last twenty-five years, while stealing bread and potatoes on the sly. Now, for the first time, Bill can order what he wants, when he wants it: He is independent!

Oh, oh, here comes the nurse or nutritionist charging, "Bill, you've gained too much weight! What are you eating?"

Chances are, with this approach, they'll never know. Bill will protect his right to fries forever, and well he should. However, it leaves him in a situation of a potential health problem.

What to do? What would anyone want done for them? Unless contraindicated by his physician, perhaps a compromise whereby Bill can have his fries after exercise could be negotiated, or he could order fries only with a salad and water, or join a Weight Watchers-like program to discover other tasty treats. Support is the key element at this stage. Everyone is nervous, so it is wise to stick to the basics.

Some key questions the nurse should circumvently answer are:

- Has there been any sudden weight loss or weight gain? Is the participant eating?
- Is he/she sleeping?
- Is medication being taken correctly?
- Are treatments and therapies being done?
- Are personal hygiene skills being maintained?
- Is the individual getting any exercise?
- Is the participant getting enough, or too much outside support?
- Is the individual thriving?

This is a critical transition time for everyone. It is the time for nurses to bite their tongues and hold both hands clasped firmly behind the back unless a potential health threatening situation arises. Improvements will come later through learning. If the status quo can be maintained during this phase, one can expect future growth to follow quite naturally.

Ongoing Residence

Most of the headaches are gone and learning is going full tilt. This is the time where the nurse can slide comfortably into a consultant role on an as-needed basis. Obviously, each individual program participant's medical and health status will dictate the amount of involvement needed by the nurse consultant.

The nurse can and should maintain a silent monitor role and remain alert to potential health threatening situations. To accomplish this, while allowing for the principle of "learning through experience," suggestions to the nurse are:

1) Offer to present a bi-monthly inservice to program participants, staff, and other apartment dwellers on mutual health matters of interest, i.e., nutrition and diet, medications (over-the-counter and prescriptions), epilepsy, cerebral palsy, diabetes, what to expect from your physician, medicaid, poisons and safety, dental care.

2) Offer to take individual participants to various community events. There's no limit to the nurse's advocacy potential.

3) Continue to relate to all participants as people and not just a bundle of health concerns.

4) Remain available and supportive to assist the person to communicate their health needs with health care professionals.

5) Remember, the nurse consultant to an independent living project is *not* the primary person responsible for the delivery of health care to the participant; rather, the participant is.

Evaluation

A plan for the future should include today's unmet needs. Evaluation of any program component is necessary to continually refine and improve service delivery. In order to monitor the success of a health maintenance program, certain statistics must be known. Examples of statistics that most people are aware of and that Whole Life participants should also begin to monitor for themselves include:

- height
- weight
- outstanding concerns resultant from a physical examination
- recommendations and follow up treatment pertinent to these concerns
- routine dental needs and treatment recommendations
- medication reviews and updates
- jotting down health concerns and normal body concerns in order to ask questions later.

In addition to the evaluation of services to the participant, the nurse should always do a self evaluation regarding their involvement with each participant:

- What went right?
- What went wrong?
- What if it happens again?
- How can I help more than I am now?
- Am I working up to my potential?

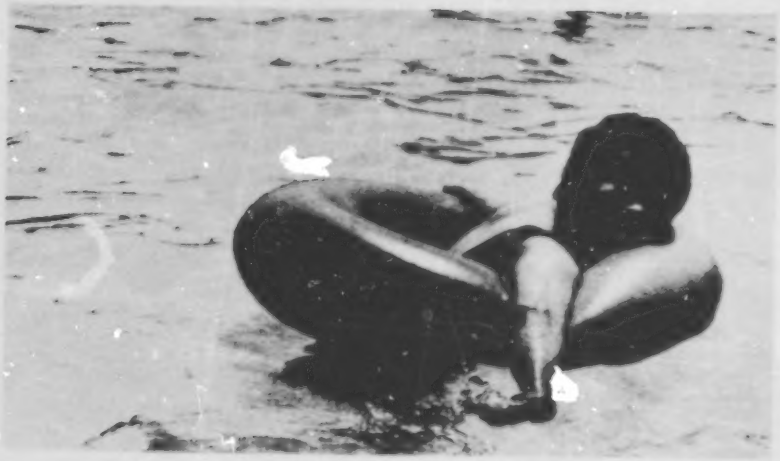
Conclusion

There are many people who could benefit from Whole Life. Some live in group homes and are ready to advance along the continuum, others have lived with their natural families and it's time to move on. Still others, perhaps the majority, are existing in living situations where they receive inadequate services in exchange for their SSI checks. This is a target population for independent living programs because these are the individuals who could, with minimal assistance, move off the public subsidy rolls and on to the tax rolls.

Overview

All professionals must recognize the value in human life and the economics of giving all people the option and opportunity to live in the least restrictive setting. The nurse consultant must also recognize the crucial, yet peripheral role to play while assisting individuals to recognize their own health needs and to address those needs in a responsible manner. An advocacy/teaching approach is most beneficial to build on skills already learned, utilize a person's present support system, and encourage healthy attitudes toward independent living.

Donna Kinsler packs for vacation (above); Alfred Bartolino puts laundry away.



Candy Demarois goes swimming at her apartment pool.

Chapter 7

CASEMANAGING UNLICENSED APARTMENTS

"Casemanager" has become, in many circles, a word with negative connotations. Many persons insist on being called a social worker. Casemanager means one who follows a particular case and monitors the services provided. A casemanager insures the rights, services and protection of the clients with whom they are entrusted. The casemanager/social worker has a designated caseload of 20–60 clients. They advocate for the best setting for each client.

How can a casemanager/social worker monitor an independent living program? What are the risks? The occupational hazards?

Independent/interdependent living involved a different monitoring system than working with persons in institutions or group homes or foster care. The philosophy of the right to the least restrictive environment becomes a real issue in the Whole Life model—does a person have the right to make poor choices, high risk choices or controversial choices when living in a partially supervised Department of Mental Health program? When one becomes professionally involved with an independent program, he/she needs to develop a non-directive style. The social worker needs to relate to the participant as an independent adult with the same respect as one would with a peer, offering advice and help when needed. The lifestyle an independent person chooses is their right, as well as their responsibility. A casemanager/social worker must give participants the right to make mistakes and follow their own beliefs and/or whims.

The person who chooses to casemanage an independent program needs to be aware of the occupational hazards involved in such a choice. From other members of the system may well come non-support and skepticism about people being able to make it. Also, the Whole Life concept needs to be constantly promoted. Diplomacy may be a key feature of a casemanager of independent living programs. Promotion of a controversial program while maintaining agency objectivity is vital to success as a manager of participant cases. Tightroping can be difficult, but the reward of watching adults take command of their own destinies is enough to keep a person challenged professionally.

Position Tasks

The actual responsibilities of grappling with such a unique position involves much work. But there is satisfaction from knowing that one is creating another link in the continuum of services to the client who is labeled disabled.

The tasks of casemanagement are many. In this chapter we will address those tasks and touch upon them briefly.

1. To begin with, the casemanager must give public information to group homes, the contract agency, and other community organizations. The casemanager clarifies the position of the contract agency and the services that they supply. She/he also clarifies the non-profit agency's responsibility.

2. After sending out information about the independent living program, the process of screening referrals begins. Potential candidates or representatives of candidates call and ask to schedule assessments. At this time the casemanager must clarify what is expected of a participant—minimum standards of entry levels, including behavior and motivation levels. The social worker requests vital information before the assessment begins—a social history, recent medical records and other pertinent data that affects the client.

3. A person is then scheduled for a two day assessment by Whole Life staff. The Whole Life independent living program sends letters of acceptance or non-acceptance back to the casemanager. The casemanager then notifies all assessees of their evaluation. He/she answers questions regarding the assessment for concerned parties.

4. A placement committee (PC) is then set up for those persons accepted into Whole Life Program. Previous staff, Whole Life staff, interagency contacts, and participants are invited to attend. At the PC, a six week schedule of transition goals is put into effect. At that time, concerns and issues are brought forth in order to insure smooth transition. The participants tell the staff of their assets/liabilities and begin to plan with their respective apartment partners such issues as interior design, chore division and lifestyle compromises.

5. A move-in date is set at the PC. The place from which the client is moving is responsible for actually helping the client move. Sometimes with resistant group homes or institutions, the casemanager must take a more active role and become part of the moving crew, as well as social worker.

6. During the first few months, the casemanager of independent, unlicensed clients might run into some problems of a variety of natures—loneliness, frustration, a sense of no direction might cause the phone to be extraordinarily busy. Also, direct phone contact with the social worker by participants might be an adjustment. Complaints of no

attention and other demands might be extraordinary until a participant begins to take on the responsibility required for living interdependently. Involvement may be at a peak.

7. Casemanager is responsible for the procuring, maintaining and updating of the tools used by the existing bureaucratic structure. The case file must be transferred. If a Whole Lifer comes from another state/private agency, a transfer of all documents is necessary. This necessitates communication with other systems and people involved with the aspiring freedom searcher.

8. Another key agency that must be notified is the Department of Social Services (DSS). They need to be aware that a recipient of services is changing domicile and the level of care needed. At this time, a 2–3 month delay of monies can be expected because of how the DSS system is set up. This system includes Medicaid, Medicare and Veterans Administration concerns. This means that the new agency must pick up interim costs while helping the participant to grow independently. It requires frequent trips to the Department of Social Services for evaluation of status. Persons living independently need to learn the entire system and how to best use it for their needs. All of this takes time and energy on the part of staff. A deep breath and the ability to be patient and work with an untidy bureaucracy is a prerequisite to running or participating in a Whole Life Program.

9. After the first thirty days, a review of the person's placement is set in order that everyone is assured that the placement is right for a particular individual. The individual program plan brings in the same players that the Placement Committee did. Thereafter a monthly visit and report of each participant is required. Each quarter a meeting with the participant and other concerned persons is held.

10. Not only are there participant meetings, but also team meetings and agency support meetings. The casemanager chairs the meetings, insures that notes are issues as a follow-up, and mediates when problems or differences occur.

11. As participants settle in, they have varying needs for specialized services. The casemanager arranges for necessary services—Community Mental Health, Vocational Rehabilitation Services and Transitional Employment Training Services—to name a few.

12. Coordination with family and significant others falls under the job description of casemanager/social worker. Families can stay in touch personally, giving concerns and needs to the social worker.

13. The social worker/casemanager must field and process all billings submitted on a monthly basis, including medical, surgical, dental and programmatic bills. This becomes involved when particular individuals have multiple health and medical needs.

14. When legal issues are brought to light, the casemanager

shares responsibility for court coverage and negotiations with the contracting non-profit agency.

Additional Tasks

Though not part of the job description of a casemanager, there are added tasks that the social worker may opt to fulfill as an involved, caring, primary support person of individual's attempting to further develop his/her skills of interdependent living. Some of these tasks are listed below.

1. Volunteering to teach at the local College for Living adds not only to a deepening relationship to Whole Lifers, but also to educating other people with similar needs and concerns. A volunteer team teaches a subject that he/she is familiar with. They teach community living skills to 12–15 students. One night a week for 8–10 weeks is spent having fun helping people grow.
2. Participants who try to live independently often have needs for counseling and guidance. Being skilled in clinical counseling is an asset. Knowing how to reach through to a person who has never had freedom or responsibility, helping people deal with "normal" society's reaction to them is a responsibility of everyone involved in directions of people's lives. This may necessitate extra time with participants.
3. The casemanager also aids in writing goals and objectives for each participant. She/he also pre-screens possible Whole Life candidates by being aware of the program's parameters.
4. In innovative programming, use of student interns is often a positive vehicle for new ideas. There is extra paperwork involved in training interns. Time must be taken to instruct, to assess and to guide interns. This is another task shared with the non-profit agency. This allows for keeping tabs on programming of participants, too.
5. Positive public relations is another task of everyone concerned with successful transition into Whole Life. The casemanager must advocate not only for the individual, but for the philosophical precepts of Whole Life Program.
6. Roll up your sleeves. Life is not all ideas. We gotta get to work. So the casemanager/social worker might want to aid in moving participants to their new apartment, going to housewarming parties, going shopping, cleaning up when needed. Amazing how intimate a group dinner can be while teaching recipe reading from frozen food packages or tasting a new meal of hot dogs and potatoes!
7. An accurate tract of medical needs begins with clear organization. Medical notebooks are organized and kept with the aid of the contracting corporation, the participant and the social worker.

8. Another added attraction is collaborating on writing articles with other people involved in Whole Life. Articles concern any subject that directly involves the lives of persons labeled disabled.

9. The two day assessment of potential Whole Life candidates is another additional task the casemanager should try to become involved in because it helps clarify goals of this unique transition towards independence.

Conclusion

There are advantages and disadvantages to programs promoting interdependent/independent living. The Whole Life model is educational versus the more common medical-protective approach. It is high risk. This can cause great growth, or at times, it can actually immobilize persons who are not ready.

This model takes more energy and quantum leaps of faith. Given modified support, certain people can make it on their own. Time needed for direct dealing with participants is increased. For a casemanager/ social worker it is necessary to weigh the benefits of growth against the cost of myths and skepticism.

This program has great future possibilities. It is challenging, exciting and fulfilling. People become responsible for their actions and nature. The program is cost-effective. In this age of fiscal conservatism, a low cost program is welcomed by legislators. In this protective society, it offers dignity and support to the pioneers who say, "Give us our freedom. Give us our rights."

Acknowledgment:

Mary V. Balazs, M.S.W., was a major contributor to this chapter. Ms. Balazs was Whole Life's first social worker. Therefore, she had to create a workable system. Since that time, other social workers have followed her model and refined the system.

Hazel Briggs shops at a local department store (above); Jack Dobrecki does weekly banking.

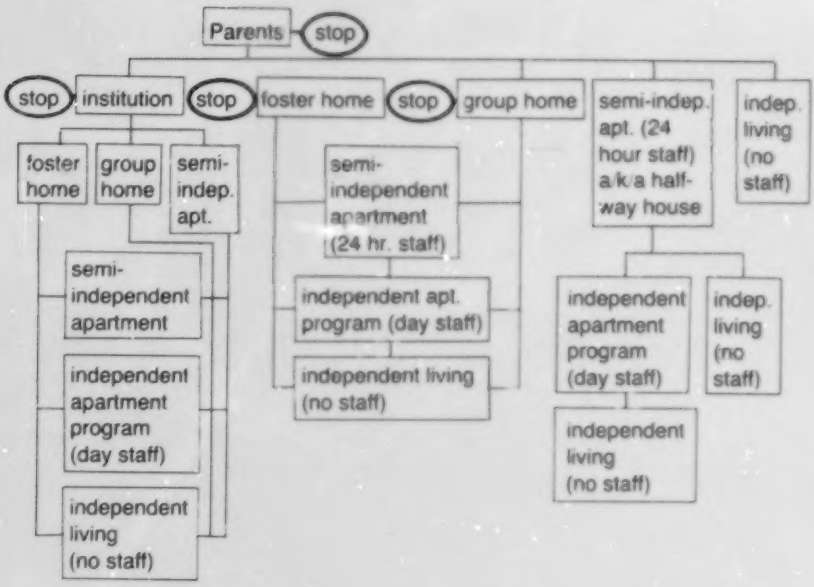
Chapter 8

FUTURE DESIGNS FOR GROWTH

It has been a dream of people involved in the field of human services to see a system be established which has appropriate progressions. These steps would allow for security balanced with new challenge and growth for individuals with disabilities.

Progression of Least Restrictive Environments

Steps toward independent living would form a flowchart like this:



Note: Examples of some dead end points individual's least restrictive environment indicated by "stop."

The above system would allow persons to take on increasing amounts of responsibility and decision-making. Ideally, human services professionals in conjunction with family members would shape a comfortable transition process.

Skills learned in a family situation (with the parents or in a foster home) would be:

1. Bathrooming, eating habits, basic hygiene/self-care, simple chores, personal safety, dealing with emotions, listening to others. A group home would provide additional skills: living with a roommate, current events, safety in the community, ongoing responsibility for household tasks, supervised cooking, getting along with others, laundry, change making, leisure time interests, time schedules, basic sexuality/ intimacy.

This would justify continuation to a semi-independent apartment program for exposure to: grocery shopping, menu planning, self-confidence, personal responsibility for apartment upkeep, pursuing vocational interests, self-medication, choices/consequences, activities with friends/dates.

The above would provide the background for an independent apartment program for refinement of: appropriate behavior, accountability for choices, budgeting/money management/savings accounts, interactions in the community, tapping proper community resources for interests and needs, time utilization, luxuries/necessities, emergency procedures without immediate staff, fulfilling nutritional needs, maintaining friendships.

This would enable total independent living with foundations for success: drawing upon friends for companionship/needs (reciprocal), citizen involvement, evening continuing education classes, utilizing community resources to maintain health and comfort, ongoing pursuit of interests.

The absence of any of the above links for persons who need a gradual progression puts much strain on the other linkages. The presence of all enables persons with disabilities to grow up with confidence and move through a strong system of less restrictive environments.

Not all consumers will reach independent living status. A broader continuum will allow them to progress to their level of highest capability and comfort. Some persons will be qualified to skip some placement steps. The goal to be maintained in the system is personal fulfillment. The fact that steps along the flow chart have decreasing per diems is an appealing fact for state and federal government funding sources.

Vital External Elements for Individual Success

Three elements are vital to success for persons learning interdependent skills within the community. They are:

1. Discovery and use of existing transportation systems, including

concentration on modes of participant travel options, frequency and scope of operation, dependability, and cost.
2. Development of self-reliance and reciprocity with friends, including ability to plan and adapt to every day living situations.
3. Establishment of a communications network with ties to community services; telephones, emergency beeper.

Anyone developing a Whole Life Program needs to be focused on how important external ties are to internal growth and future success.

Networking

Once Whole Life Programs grow in number, networking will add strength and creative opportunities. It is necessary to limit numbers of persons labeled "different" within an apartment complex; low visibility aids the adjustment process within a community. However, one Whole Life Program Center within manageable distance to two or three different Whole Life Program sites would add opportunities for interaction of participants and staff.

Ideas for Future Whole Life Programs

- A Whole Life Program for persons sharing a vocational interest. They could contribute varying aspects of work required to run a furniture plant, resale store, or craft boutique in the competitive market.
- Older persons wishing retirement could enjoy apartment life, splitting upkeep tasks among roommates or hiring more able-bodied Whole Lifers if need be. They could be offered the extra opportunity to teach others the skills they have mastered over time, and sell products.
- Couples wishing to marry could reside in one location and concentrate on shared expenses, understanding self and understanding others, setting realistic expectations, dealing with emotions, friendships, and problem-solving.

Self-advocacy organizations are growing in strength and number around the United States as well as other countries. A person who leads a fulfilled life on his/her own needs interaction. In their community, one can be involved in continuing education classes such as College for Living. State-wide and even national involvement enhances feelings of importance: People First and other self-advocacy groups are tremendous resources in this area. Newspapers and newsletters for and about consumers are beneficial linkages. International meetings for information exchange on the consumer level need developing with the aid of professionals who currently benefit from conferences and meetings.

Chaperoned tours can be paralleled by other travel choices allowing free time for individual exploration. The appendix will help with resources.

Whole Life Program means self-advocacy. It is discovery of internal and external potential, and choices of which way to go. We are excited by the boundless frontier!

Joe Brandl likes working in the community.

SECTION II

OPERATIONS MANUAL

ADULT LEARNING SYSTEMS, INC.
WHOLE LIFE PROGRAM

by

Jan L. Black
Alice Roelofs

September, 1981
Revised March, 1983

WHOLE LIFE PROGRAM OPERATIONS MANUAL

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Part 1

PHILOSOPHY

There are three philosophical and pragmatic goals of Whole Life Program. They are:

A. To provide individual and group choice making opportunities to persons with disabilities in a normal living environment.
B. To teach Whole Life participants how to depend on themselves, tap community resources, live comfortably on a fixed income, plan and prepare meals, bank, shop, make mistakes and continue learning.
C. To provide a step between residences with round the clock supervision and independent living with no staff assistance.

Part 2

ASSESSMENT

Persons wishing to be assessed as candidates for Whole Life Program are referred to the designated contact person for pre-screening. Then dates are set for a two-day (overnight) assessment by program staff. Recent psychological, social work and medical reports are required to aid staff preparation and decision-making.

Potential participants for WLP spend their assessment time planning, purchasing and preparing meals, interacting in the community, and managing the assessment apartment as if they lived there. WLP staff uses questions and direct observation to determine the candidate's level of skill and motivation in areas listed in the ability assessment tool, staff rates individual performance levels according to the key. Staff at the candidate's current place of residence, family or close friends, may give additional input to WLP staff to contribute to the decision-making process.

Assessment staff concur on a decision of "invitation" or "non-invitation" for each candidate within one week following their two day assessment. Criteria for acceptance and weaknesses are reported to the candidate.

Candidates accepted for Whole Life Program are allowed three weeks to return their decision whether to enter the program and when they would be available to move.

ABILITY ASSESSMENT

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Roelofs–Black
Adult Learning Systems, Inc. © 1981

WHOLE LIFE PROGRAM
ABILITY ASSESSMENT KEY

*KEY TO ASSESSMENT-RATINGS:

1. Demonstrates/understands independently, interdependently (100% Mastery)
2. Needs little assistance (75% Mastery)
3. Needs much assistance (50% Mastery)
4. Beginning ability/understanding (25% Mastery)
5. Cannot demonstrate or understand at all (0% Mastery)

*Demonstration—Assessment will be done in an apartment with practical every day goods and appliances by two members of the Whole Life Program staff.

Assessment will take approximately two days per participant.

When criteria not listed in Ability Assessment Objectives, participant will be tested by performing desired task as listed.

When a person is not verbal, pictures—life situations will be supplied for assessment.

Black–Roelofs
July, 1980

ABILITY ASSESSMENT
Whole Life Program

Black–Roelofs

I.	EMERGENCY PROCEDURES					
	A. Can call 911 or 0 by dialing or using touch-tone phone.	1	2	3	4	5
	B. Can give reason for carrying I.D.	1	2	3	4	5
	C. Carried I.D.	1	2	3	4	5
	D. Can differentiate between emergency and non-emergency situations by picking out emergency situations from a list of ten possibilities.	1	2	3	4	5
	E. Given three simulated minor injuries and first aid materials, person will demonstrate appropriate first aid procedures that correspond with each particular injury.	1	2	3	4	5
	F. Can list symptoms of someone in distress.	1	2	3	4	5
	G. Can give name, home address, phone number.	1	2	3	4	5
	H. Can contact WLP during an emergency.	1	2	3	4	5
	I. Demonstrates proper use and accurate reading of fever thermometer.	1	2	3	4	5
	J. Lists five items which should be kept in medicine cabinet.	1	2	3	4	5

II. APARTMENT SAFETY

A.	Can lock and unlock door.	1	2	3	4	5
B.	Can open, close and lock windows.	1	2	3	4	5
C.	Can locate and operate light switch.	1	2	3	4	5
D.	Can change light bulbs in lamps, after unplugging lamp.	1	2	3	4	5
E.	Can change light bulb in ceiling by placing solid chair under fixture, by removing burnt-out bulb and replacing with new bulb and exterior decorative fixture.	1	2	3	4	5
F.	Controls thermostat for varying temperatures.	1	2	3	4	5
G.	Keeps apartment keys on person when leaving premises.	1	2	3	4	5
H.	Gives situations when doors should be locked, e.g. leaving apartment, staying in apartment alone, sleeping, etc.	1	2	3	4	5
I.	Can open and close curtains.	1	2	3	4	5
J.	Gives common sense situations when curtains can be open or closed.	1	2	3	4	5
K.	Can turn faucets off and on.	1	2	3	4	5
L.	Can differentiate between hot and cold faucets and water.	1	2	3	4	5
M.	Can run bath water—dish water.	1	2	3	4	5
N.	Lists three things that can happen if water is left on unattended.	1	2	3	4	5
O.	Can identify potential dangers of wet surface areas, e.g. floors, bath tub.	1	2	3	4	5
P.	Can clean up wet surface by using towels and mop.	1	2	3	4	5
Q.	Calls apartment manager for repairs when needed, e.g. dripping faucet, toilet malfunction, etc.	1	2	3	4	5

R.	Turns off appliances when not in use.	1	2	3	4	5
S.	Demonstrates appropriate use of stove and oven.	1	2	3	4	5
T.	Can iron clothing.	1	2	3	4	5
U.	Can use luxury appliances of person's choice, e.g. blender, toaster, coffee pot, etc.	1	2	3	4	5
V.	Can identify frayed cord.	1	2	3	4	5
W.	Tells danger of object with frayed cord.	1	2	3	4	5
X.	Replaces frayed cord.	1	2	3	4	5

III. APARTMENT UPKEEP

A.	Given a list of chores, person will categorize into daily or weekly activities.	1	2	3	4	5
B.	Given a chore, person will perform adequately.	1	2	3	4	5
C.	Can prioritize chores according to own needs and comfort.	1	2	3	4	5
D.	Can tell why spring and fall cleaning is important.	1	2	3	4	5
E.	Can do major cleaning with help, e.g. windows, cleaning carpet, cleaning out drawers, etc.	1	2	3	4	5

IV. FOOD PREPARATION—PRESERVATION AND NUTRITION

A.	Can identify four basic food groups: given ten different foods, will place in appropriate categories.	1	2	3	4	5
B.	Can make three simple meals without cooking.	1	2	3	4	5

C.	Can cook two simple meals using stove or oven.	1	2	3	4	5
D.	Can store leftovers to avoid spoilage.	1	2	3	4	5
E.	Can identify spoiled food and dispose of it.	1	2	3	4	5
F.	Can put away foods in appropriate places, given a bag of assorted foods.	1	2	3	4	5
G.	Plans balanced menu weekly in Whole Life Center.	1	2	3	4	5
H.	Can identify junk food and healthy snacks.	1	2	3	4	5

V. SHOPPING—CONSUMERISM

A.	Can prepare a monthly budget.	1	2	3	4	5
B.	Can prioritize necessities.	1	2	3	4	5
C.	Can differentiate between a luxury and a necessity.	1	2	3	4	5
D.	Given a list of ten items of clothes, food or household goods, participant will be able to go to the store and pick up appropriate items.	1	2	3	4	5
E.	Given two similar items, participant can choose the least expensive.	1	2	3	4	5
F.	Can tell why bargain shopping is important.	1	2	3	4	5
G.	Can identify places to look for bargains, e.g. newspapers, coupons, bulletin boards.	1	2	3	4	5
H.	Can indicate to sales person, personal sizes for clothes, shoes, etc.	1	2	3	4	5
I.	Gives definition for "credit," "contract," "warranty."	1	2	3	4	5

J.	Can give two rules about credit contracts.	1	2	3	4	5
K.	Can give two rules governing warranties.	1	2	3	4	5
L.	Saves receipts for household budgets.	1	2	3	4	5
M.	Pays bills on time.	1	2	3	4	5
N.	Does not make major purchases without consulting a support person (knows value of counsel).	1	2	3	4	5

VI. MONEY MANAGEMENT

A.	Can identify penny, nickel, dime, quarter, dollar.	1	2	3	4	5
B.	Can count from one to twenty.	1	2	3	4	5
C.	Keeps bank account.	1	2	3	4	5
D.	Can write–print check.	1	2	3	4	5
E.	Can give three reasons for using money system.	1	2	3	4	5
F.	Can operate coin machines.	1	2	3	4	5
G.	Can make change up to $1.00.	1	2	3	4	5
H.	Can make change up to $5.00.	1	2	3	4	5
I.	Can add columnar sets.	1	2	3	4	5
J.	Can develop basic budget.	1	2	3	4	5
K.	Can write or print name.	1	2	3	4	5
L.	Puts money in consistent place, i.e. wallet or money drawer.	1	2	3	4	5

VII. BODY AWARENESS

A.	Knows own medications' names.	1	2	3	4	5
B.	Tells why must take each medication.	1	2	3	4	5

C.	Can show on clock when they take medication.	1	2	3	4	5
D.	Can show amount of medication to be taken each time.	1	2	3	4	5
E.	Can call doctor's office for an appointment as needed.	1	2	3	4	5
F.	Given five situations, can identify which would need doctor's care.	1	2	3	4	5
G.	(Identifies pain as an indicator of illness.) Names four different pains that might indicate illness.	1	2	3	4	5
H.	Brushes teeth properly.	1	2	3	4	5
I.	Can describe how often teeth brushing should take place.	1	2	3	4	5
J.	Consistent care of hair, measured by appearance, touch.	1	2	3	4	5
K.	Consistent care of body, measured by appearance, smell.	1	2	3	4	5
L.	Consistent care of nails, measured by appearance.	1	2	3	4	5
M.	Given clothes that are wrinkled and ironed, participant will choose to wear the ironed clothes.	1	2	3	4	5
N.	Given a pile of clothes, the participant will separate soiled from clean by smell and sight and touch.	1	2	3	4	5
O.	Given ten garments, participant will separate according to season.	1	2	3	4	5
P.	Can dress self.	1	2	3	4	5
Q.	Can arrange for help if unable to dress self.	1	2	3	4	5
R.	Can demonstrate three exercises that condition body.	1	2	3	4	5
S.	Can express–compare feelings when rested and when tired.	1	2	3	4	5
T.	Knows sexual parts of body and how to take care of them.	1	2	3	4	5

U. Makes regular appointments with doctor, dentist, optometrist for good health. 1 2 3 4 5

VIII. SELF-AWARENESS

A. Knows own name. 1 2 3 4 5

B. Can tell three things about self and family. 1 2 3 4 5

C. Can identify three emotions–feelings. 1 2 3 4 5

D. Given five different life encounters, can express what they would feel in that circumstance. 1 2 3 4 5

E. Given five encounters, can role play their reactions, e.g. anger, sadness, joy, excitement, etc. 1 2 3 4 5

F. Can express life interests (see Interest Inventory for evaluation). 1 2 3 4 5

G. Can name two opportunities coming from living independently. 1 2 3 4 5

H. Tells three goals for self in Whole Life Program. 1 2 3 4 5

IX. COMMUNICATIONS WITHIN THE COMMUNITY

A. Can state–show name, address, phone. 1 2 3 4 5

B. If verbal, can operate pay telephone. 1 2 3 4 5

C. Carries sufficient change to use pay phone. 1 2 3 4 5

D. Contacts operator for information. 1 2 3 4 5

E. Given a task requiring communication skills, can role play task in two different ways. 1 2 3 4 5

F.	Given ten survival signs, can indicate meaning, e.g. EXIT, NO ADMITTANCE, HIGH VOLTAGE, etc.	1	2	3	4	5
G.	Can find way to four places in neighborhood, e.g. store. church, bank, friends, WLP office.	1	2	3	4	5
H.	Can identify two landmarks around their neighborhoods.	1	2	3	4	5
I.	Names–identifies three different modes of transportation in the community.	1	2	3	4	5
J.	Can cross street in traffic.	1	2	3	4	5
K.	Can use local streets with common sense techniques; given a destination, takes WLP staff member to designated destination safely.	1	2	3	4	5
L.	Can give destination to friend or staff before going out.	1	2	3	4	5
M.	Can identify two things that they must do for safe night travelling.	1	2	3	4	5
N.	Given a blank face of a clock, can fill in time by the hour.	1	2	3	4	5
O.	Can tell–indicate approximate duration of stay away from home to friend or WLP staff.	1	2	3	4	5

X. UNDERSTANDING OTHERS—SOCIALIZATION

A.	Given a situation using a specific emotion, can role play two different reactions.	1	2	3	4	5
B.	Given different gestures, can identify emotions connected with the body language, seven out of ten times.	1	2	3	4	5
C.	Given different voice tones, can accurately identify emotions	1	2	3	4	5

connected with the language, five out of ten times.

D. Given a life situation and an identified member of the community, can use appropriate actions and conversation, e.g. asking police for directions, sales clerk for merchandise. 1 2 3 4 5

E. Given a living situation that necessitates sharing living quarters, can identify six areas that involve mutual decision-making, e.g. noise levels, personal cleanliness, apartment appearance, division of chores, guests, lifestyles, interior design, etc. 1 2 3 4 5

F. Given a roommate with different living habits (e.g. sleep hours, kitchen techniques), can devise two suggestions of compromise to each other's mutual interest–benefit (see Interest Inventory). 1 2 3 4 5

G. Can list three things to keep in mind when planning an activity with a friend or date. 1 2 3 4 5

H. Given a conflict situation, can explain--clarify personal feelings. 1 2 3 4 5

I. Given a conflict situation, can adjust and compromise without losing (incorporates assertiveness training). 1 2 3 4 5

J. Can give two examples of differences in people's beliefs, e.g. religion, social, etc. 1 2 3 4 5

K. Given two beliefs other than own, can explain personal manner of dealing with a person who describes to them. 1 2 3 4 5

L. Given a stress–conflict situation, responds in socially acceptable way 100% of the time. 1 2 3 4 5

XI. EARNING A LIVING

A. Can name three jobs that they might want to learn.	1	2	3	4	5
B. Can research jobs available in the community.	1	2	3	4	5
C. Are on time to meetings.	1	2	3	4	5
D. Can read–tell time on a clock by quarter hours.	1	2	3	4	5
E. Can develop a routine verbally or on paper to allow time management on and off the job.	1	2	3	4	5

XII. FREE TIME

A. Can name six free time activities.	1	2	3	4	5
B. Given situation of being alone or in a small or large group, can name or demonstrate ways of entertaining self.	1	2	3	4	5
C. Can plan two activities each for 1) evenings, 2) weekends, 3) lunch hours, 4) vacation.	1	2	3	4	5
D. Has personal interest in at least two areas of leisure time, e.g. photography, dance, advocacy, community organizations, sports, hobbies.	1	2	3	4	5
E. Can find and be involved in religious activity, if desired.	1	2	3	4	5

ACCEPTANCE LETTER

Adult Learning Systems, Inc.
991 Williamsbury, #101
Pontiac, Michigan 48054

DATE

DEAR

Thank you for joining the Adult Learning Systems staff in a two day assessment of your independent living skills. We would like to invite you to move into apartments we have found in the community and join the Whole Life program on or after _____.
(Date)

After reading the materials in this packet and thinking carefully, please sign the enclosed Acceptance Form and check whether you wish to join the Whole Life Program. When we receive the Acceptance Form back from you with this information, we will contact you. We need to work together on selecting furniture and other things you will need to have in your apartment the first day you arrive.

We would be pleased to work with you in the Whole Life Program. We do need you to be willing to spend time and energy each day after you join us learning about yourself, the community and living with roommates in an apartment.

Please call or write us if you have any questions. We are waiting for your decision. We need to know what you decide within three weeks after the date of this letter.

Thank you and best wishes.

Sincerely,

NON-ACCEPTANCE LETTER

Adult Learning Systems, Inc.
991 Williamsbury, #101
Pontiac, Michigan 48054

DATE

DEAR

Thank you for joining the Adult Learning Systems staff in a two day assessment of your independent living skills.

A copy of your ability assessment form with comments is enclosed for your information. Also, a memo from the staff person in charge of your assessment is included, explaining what they found out in working with you.

Based on the two day assessment and other related information, we have concluded that it would not be in your best interests to join the Whole Life Program at this time. We are interested in persons whose abilities include those skills listed on the "Criteria for Acceptance" sheet, enclosed.

Please feel free to call if you have any questions regarding your assessment. You may re-apply after six months if you feel you are ready to move in.

Thank you and best wishes.

Sincerely,

WHOLE LIFE PROGRAM

Criteria for Acceptance

The following is a list of objectives we feel the participant in the Whole Life Program should be able to handle at time of entry into the program.

CAN DO:

I. C. Carries I.D.

I. G. Can give name, address, phone number

II. A. Can lock and unlock door

II. G. Keeps apartment keys on person when leaving premises

II. K. Can turn faucets off and on

II. M. Can run bath water–dish water

III. B. Given four (4) chores, person will choose two and perform adequately

IV. B. Can make three simple meals without cooking

IV. E. Can identify spoiled food and dispose of it

V. C. Can differentiate between a luxury and a necessity

VI. A. Can identify penny, nickel, dime, quarter, dollar

VI. K. Can write or print one's own name

VII. C. Can show on clock when they take medication

VII. D. Can show amount of medication to be taken each time

VII. M. Given clothes that are wrinkled and ironed, participant will choose to wear ironed clothes

VII. N. Given a pile of clothes, participant will separate soiled from clean by smell, sight and touch

VII. P. Can dress oneself, or

VII. Q. Can arrange for help if unable to dress oneself

VIII. A. Knows own name

VIII. B. Can tell three (3) things about self and family

VIII. C. Can identify three (3) emotions/feelings

VIII. G. Can name two (2) opportunities coming from living independently

VIII. H. Tells three (3) goals for self in Whole Life Program

IX. A. Can state/show name, address, phone

IX. B. If verbal, can operate pay telephone

IX. D. Contacts operator for information/aid

IX. H. Can identify two landmarks around their neighborhood

IX. J. Can cross street in traffic

IX. K. Can use local streets with common sense techniques; given a destination, takes Whole Life Program staff member to designated destination safely

X. G. Can list three (3) things to keep in mind when planning an activity with a friend or date

X. L. Given a stress-conflict situation, responds in a socially acceptable way 100% of the time

XII. B. Given a situation of being alone or in a small or large group, can name or demonstrate ways of entertaining self

XII. D. Has personal interest in at least two (2) areas of leisure time, e.g. photography, dance, advocacy, sports, hobbies, etc.

CAN DO WITH PARTIAL SUCCESS:

IV. F. Can put away foods in appropriate places, given a bag of assorted foods

V. D. Given a list of ten (10) items of clothes, food or household goods, participant will be able to go to store and pick up appropriate items

VI. B. Can count from 1–20

VI. G. Can make change up to $1.00

VII. H. Brushes teeth properly

VII. I. Can describe how often teeth brushing should take place

VII. J. Consistent care of hair, measured by appearance, touch

VII. K. Consistent care of body, measured by appearance, smell

VIII. E. Given five encounters, can role play their reactions, e.g. anger, sadness, joy, excitement

IX. C. Carries sufficient change to use pay phone

IX. F. Given 10 survival signs, can indicate meaning, e.g. exit, no admittance, high voltage, etc.

IX. I. Names/identifies three (3) different modes of transportation in the community

IX. N. Given a blank face of a clock, can fill in time by the hour

IX. O. Can tell/indicate approximate duration of stay away from home to friend or Whole Life Program staff

X. C. Given different voice tones, can accurately identify emotions connected with the language, five out of ten times

X. D. Given a life situation with an identified member of the community, can use appropriate actions and conversation, e.g. asking police for directions, sales clerk for merchandise

X. H. Given a conflict situation, can explain, clarify personal feelings

X. J. Can give two examples of differences in people's beliefs, e.g. religion, social, etc.

XI. A. Can name three (3) jobs that they might want to learn

XI. C. Are on time to meetings

We hope this helps to pinpoint prospective participants in the Whole Life Program. Good fortune in your efforts.

Part 3

INTAKE

The intake procedure is coordinated by a designee of Adult Learning Systems, Inc.

Once the invited candidate returns their completed acceptance form, a Placement Committee meeting date is scheduled. Persons asked to this meeting are the WLP candidate, their family/significant others, WLP staff, staff from current placement, and support staff from the present and WLP contract agencies (including case managers, psychologists, nurses, dieticians, speech therapists).

After the date for move-in to a WLP apartment is set, a memo aiding smooth transition is given to the candidate and current placement staff. One person from future WLP or support staff is designated to make contact at least once every two weeks with a person assisting the candidate in their transition to the independent apartment program; progress notes will be circulated to WLP staff following each contact.

Whole Life Program will prepare program apartments for participant occupancy by installing draperies and procuring a mattress set and frame for persons not owning them. Participants will be encouraged to use their transition time acquiring necessary and useful items for their new apartments, such as linens, plates, silverware, glasses, cups, towels, etc. Recommended sources for such items are donations from family, going away and apartment warming parties, and purchase by participants out of their own funds.

The following necessities will be purchased by the incoming participant with WLP staff assistance on move-in day, if not in their possession already: pillow, bed linens, set of towels, plate, silverware, glass, cup.

Any money, cash or checks the participant brings on move-in day from bank accounts, personal allowance, wages, etc., will be counted and recorded jointly by a WLP staff person, participant, and their relative or staff person from the previous placement. Cash and checks in excess of $50.00 will be entrusted to WLP for safekeeping until such time that the participant uses all or a portion for apartment necessities, or the participant deposits the funds in a checking/savings account in a local bank with WLP staff assistance.

ACCEPTANCE FORM TO THE WHOLE LIFE PROGRAM

I, _____
(Assessee's Name)

( ) ACCEPT ( ) DO NOT ACCEPT

MY INVITATION TO JOIN THE WHOLE LIFE PROGRAM. (IF YOU HAVE CHOSEN NOT TO ACCEPT OUR INVITATION, PLEASE SIGN YOUR NAME AT THE BOTTOM, SKIP THE REST, AND RETURN THIS FORM TO THE WHOLE LIFE PROGRAM.)

My present address is: _____

_____

_____

My phone number is: _____

The best time(s) to call me on the phone:

_____

_____

SPECIAL COMMENTS FROM THE WHOLE LIFE PROGRAM:

_____

SPECIAL COMMENTS FROM YOU:

_____

_____

(PLEASE SIGN YOUR NAME ON THIS LINE)

DATE: _____

Return this two page form to the address at the top.

PLEASE PUT AN "X" IN THE BOX BY ITEMS YOU *OWN* RIGHT NOW:
(THINGS YOU CAN BRING WITH YOU WHEN YOU MOVE.)
P.S.—Don't worry. We will help you plan and buy things you need that you don't have.

( ) TWIN BED

( ) DOUBLE BED

( ) BED LINENS

( ) PILLOW

( ) CHEST OF DRAWERS

( ) DRESSER

( ) LAMP(S)—HOW MANY _____

( ) COUCH

( ) LIVING ROOM CHAIR(S)—HOW MANY _____

( ) BEDROOM CHAIR(S)—HOW MANY _____

( ) COFFEE TABLE

( ) END TABLE(S)—HOW MANY _____

( ) DINING ROOM TABLE

( ) DINING ROOM CHAIRS—HOW MANY _____

( ) POTS & PANS—HOW MANY _____

( ) PLATES—HOW MANY _____

( ) GLASSES—HOW MANY _____

( ) SILVERWARE—HOW MANY _____

( ) CUPS—HOW MANY _____

***PLEASE LIST OTHER FURNITURE, FURNISHINGS, OR LARGE APPLIANCES YOU NOW OWN:

_____

_____

PLACEMENT COMMITTEE

Whole Life Program

This meeting is called to organize the move of _____ _____ to the Whole Life Program, _____ _____. You will move in on _____. (date)

Concerns:

1. Nursing, Medical, Dental:

   A) Nursing: 1. Medications (list)

   2. Special Needs

   B) Medical—Current physican (name & address), date of last physical, any appointments needed now? Continue or transfer to new physicians?

   C) Dental—Current dentist's name and address, date of last exam, any dental work needed now? Continue or transfer to new dentist?

   D) Women—Gynecologist—same as above (last pelvic and pap etc.).

   E) Miscellaneous Medical Needs:

2. Psychology:

   Emotional Concerns
   Behavioral Concerns
   Need for Counseling
   Other Concerns

3. Dietician:

   Nutrition and grocery shopping concerns.

4. Speech Therapist:

   Need for Service
   If service is needed, when could they begin? Evaluation?
   Auditory Concerns

5. Social Work: Current day program or job: _____

   Financial information: 1) What benefits does person receive now?
   2) Savings? (Amount: _____)
   3) Checking? (Amount: _____)

Guardianship Status: _____

Transition Goals: _____

_____

_____

What meetings need to occur before move-in? (Meet with other roommates, etc.)

How to transfer status and case file from current agency to M.O.R.C.:

_____

Parent/Guardian/Next of Kin's Address:

Referrals needed (to Voc. Rehab., Community Mental Health, etc.):

Other concerns or information:

cc:

Signed: _____ Client/Participant

_____ Casemanager (Sending Agency)

_____ Whole Life Program Rep.

_____ Parent/Guardian/Advocate

_____ Nurse

_____ Nurse

_____ Psychologist

_____ Psychologist

_____ Dietician

_____ Speech Therapist

WHOLE LIFE PROGRAM

DATE:

TO:

FROM:

SUBJECT: Preparation for Entry into Whole Life Program

We are interested in as smooth a transition as possible for persons joining the Whole Life Program. During the acceptee's final few weeks with you, would you please phase in the following responsibilities and duties to familiarize him/her with self sufficiency:

(1) MEAL PLANNING: Breakfasts, lunches, dinners on a fixed weekly budget.

(2) INDEPENDENT MEAL PREPARATION: No help from staff.

(3) GROCERY SHOPPING: How to compare prices.

(4) PROPER STORAGE OF OPENED FOODS & LEFTOVERS: To avoid spoilage.

(5) RECOGNITION OF SPOILED FOOD: Meat, fruit, vegetables dairy products.

(6) If the person can read: HOW TO FIND & FOLLOW SIMPLE DIRECTIONS for food preparation, washing clothes, etc.

(7) BEING IN CHARGE OF KEYS: (To learn the reality of locking oneself out through forgetfulness.)

(8) SELF-MEDICATION: Appropriate amount(s) at proper time(s) without staff reminder beforehand.

(9) APARTMENT NECESSITIES: Realization of what he/she owns now and what basics he/she will need shortly after moving into an apartment (and that there will be many new expenses involved).

(10) LEISURE TIME ACTIVITIES: In a new apartment.

(11) MEETING TIME SCHEDULES: (For example, being ready to shop for groceries at 10:00 a.m. without last minute reminders.)

(12) MOPPING AND VACUUMING FLOORS

Thank you for the help.

Part 4

SUPPORT SERVICES

In facilitating the running of Whole Life Program support services will be expected to use a non-directive approach. Participants who opt to live in an unlicensed program have the right to the dignity of risk. Directives will be given only if a participant's health or safety are endangered.

The following services are expected/needed from support services:

I. *Case Manager:* 1) becomes acquainted with participant so that he/she is invited into person's apartment, 2) promotes and guides participant self-advocacy, 3) conducts all necessary meetings, 4) alerts WLP staff to concerns, 5) acts as liaison for other support staff and WLP, 6) believes participants have the right to live independently and make the mistakes of normal living situations, 7) helps participants in SSI/SSB determinations, transportation needs, schooling, etc.

II. *Nurse:* The nurse(s) connected with WLP are expected to help develop more normalizing approaches to health care. The following are ways nurses can be involved in WLP participant's lives: 1) He/she can pay visits to check blood pressure, weight, and other health problems. 2) She/he can encourage appropriate health care and suggest preventative measures. 3) She/he can help participant plan medical care programs that are reasonable/possible to self-administer. 4) The nurse can advise the participant to seek appropriate generic services, i.e., doctor, GYN, chiropractor, dentist. 5) The nurse can give inservices to both staff and participants on vital issues and procedures. 6) The nurse can help develop exercise programs for specific individuals. 7) The nurse can suggest good community sources or curriculum that might benefit participants.

III. *Speech Therapist:* If a participant has a speech problem or is non-verbal, the speech therapist can help by offering sign language classes, locating beneficial community resources, or setting up specific programs for WLP implementation.

IV. *Psychologist:* The WLP psychologist is called upon frequently to 1) assess psychological needs, 2) teach individuals competency in dealing with normal stress situations, 3) suggest ways of handling anger while participant lives independently, 4) help make viable plans for dealing with emotional trauma, 5) suggest good community sources or curriculum that are available and relevant for participant use, 6) attend required Individual Education Plan (IEP) Meetings and any other meetings for participant where psychological input

would aid, 7) support the participant's efforts to live independently and deal with subsequent issues that may arise.

V. *Doctors:* Participants choose a local doctor in their community. Whole Life helps them find ways to get to the doctor. Participants make their own appointments and follow doctor's recommendations. Whole Life asks participants to have the doctor note concerns on a medical form.

VI. *Other Support Services:* Dentists, police, firepersons, occupational therapists and dieticians are called upon as needed. Whole Lifers learn to use community services that serve other citizens in the community as well. They try to use as many normal vehicles of the community as possible, with WLP staff and contract agency support staff available to guide their efforts and offer ideas when needed.

Part 5

STRUCTURE

Whole Life is structured around participant needs. The purpose of WLP is to help the participant use the community to live a full life.

Staffing patterns are aimed at helping/teaching during crucial times. The goal will be to slowly phase out support services as people become more independent. Principally, meal time hours, socialization times, and personal apartment upkeep times are most heavily staffed. Minimal staffing takes place at other times.

Participants are taught in their apartments, and at other facilities, such as recreation centers, schools, banks or stores. Most learning is experiential—learning to solve problems as they arise and taking responsibility for fulfilling individual needs. Learning will take place in small groups or individually as needed.

Coordinators plan curriculum, attend meetings as needed, train direct service instructors, help participants in emotional concerns and supervise Head Instructors.

Direct Service Instructors teach skills, set up objectives for individuals, and help participants manage their bills and bank accounts.

The Director of the program administers the program, evaluates the program and provides clarity and direction to the program. She/he trains personnel in new ideas and promotes understanding in the community.

The entire program is administered by Adult Learning Systems, Inc. Fiscal guidance and negotiations with other agencies comes from administrators of ALS.

The need for multiple staffing during WLP crunch hours is imperative. For example, this individualizes cooking by apartment. Nutrition is emphasized.

Weekend and evening staff are scheduled for a variety of functions, including facilitation of socialization and education in personal/apartment upkeep.

Dependent relationships are discouraged by involving volunteers and community members. When staff are off duty, they need to discourage use of themselves as support. The emergency beeper system with rotating on-call personnel is designed to handle true emergencies. Staff burnouts are minimized by this procedure.

Part 6

CURRICULUM

Curriculum is taught in the twelve areas used in assessing participants. The mode of teaching varies with individual needs. Evaluation of the teaching and objectives taught are written on Individual Outcome Reviews (see evaluation section).

WLP is an educational model, not a medical or work world model. This necessitates personal involvement and meeting individuals' needs. Risk and motivation are key factors in development of viable programs for each participant.

Areas of instruction are individualized and designed to work on the participants' annual goals.

In pre-readiness cases, learning can be centered at the apartment complex. As participants reach a readiness level, use of the WLP center and other community services needs to be explored.

Weekly schedules need to be maintained to allow for "plateaus," "regressions," as well as learning "climbs."

Experiential learning is WLP's mode of instruction. This is both individualized and grouped.

Grouping: At least ten hours a week are group activities: Understanding Oneself, Meal Preparation, Physical Exercise are some areas that lend themselves to groups of varying size.

Individualization: Activities that lend themselves to individuals needs are numerous. Examples of activities might be: apartment upkeep, check writing, laundry, leisure time needs, emotional needs.

First Aid: Staff is trained in basic first aid and CPR. They then develop classes for participants in first aid using modes that are effective for participants.

Transportation: Training individuals in the use of Dial-A-Ride, buses and pedal mobility is crucial to create independence. Persons can use their environment more thoroughly when they have conquered transportation problems. Therefore, transportation training and education in benefits and potential problems to expect from each mode is constantly being reviewed.

The following are the areas emphasized for the program:

I. Three Core Pre-Vocational/Avocational Areas of Emphasis for Curriculum:
   A) Survival Skills: Home Education, Safety, Mobility Training, Diet and You, Knowing Your Community, Apartment Maintenance,

Money Management, Hygiene, Holistic Health, Consumer Issues, First Aid, and Handling Emergencies, etc. When a person asks to be involved in the program, an assessment of his/her present levels of independence and his/her knowledge of how to build a network of positive interdependence will be administered. That assessment will also be used to encourage the persons in the program to realize their areas of weakness that need to be worked on in order to be happy in the community.

B) Occupational Skills: What's Expected on a Job? Socialization, Looking Good, Time Management, Filling Out Applications, Searching Out What You Need, Assertiveness, Choices, Decision-Making, Working with Others, and Pursuing Job Interests, etc. Even though persons enrolled in the program may not have a job at this time, they may choose to explore employment at some time in their involvement in the program. Occupational skills are crucial to being able to cope in the community.

C) Leisure Time Skills: Weekend Planning, Relaxation, Exploring Metropolitan Detroit by Day & Night, Vacations, Exercise, Visual and Performing Arts. To meet the needs of each individual curriculum will be developed as the students express an interest or need. Core Curriculum will be available on an ongoing basis.

II. Application and Assessment:

A) Ability Assessment: In order to take the risks and to learn that making mistakes in independent living is not only okay but very natural, the program needs to be sure a potential participant can face failure and learn from it. Also, an ability assessment teaches those people who must work together, i.e., the staff and the individual, a lot about each other. To live independently many skills are necessary, therefore, the assessment happens at the beginning of the program, and is periodically reviewed.

B) Interest Inventory Interview: Before a person can become part of the Whole Life Program, he/she must complete an interest inventory. Self-motivation and the desire to grow is important to success in this program.

C) "30 Day Adaptive Assessment": Rates persons on daily living skill levels.

III. Individual Outcome Review:

This will be the evaluation component of the individuals involved

in the Whole Life Program. Based on the Ability Assessment, the 30 Day Adaptive Assessment and the individual's needs, goals and objectives will be set up annually and the individual will be assessed quarterly.

IV. Twenty-Four Hour Emergency Services:
When the training center is closed, program staff will be on call.

V. Counseling:
Small group and individual counseling is of value to any person who is taking the risk to grow. In the community we use family friends and sometimes professionals to help sort things out. The Whole Life Program will encourage all types of counseling that will allow individuals to make sound decisions.

The curriculum used in the residential/day program derives itself from several different sources for objectives and activities to reach those objectives. A list of now being used sources follows:

I. *College for Living Community Living Skills Guides*, Metropolitan State College, Denver, Colorado, Alice Roelofs Kreps, Author
II. *Becoming Independent:* A Living Skills System, Edmark Associates, Bellvue, WA, Ann Westaway and Tony Apollini
III. *Training for Independent Living*, Ventura County Association for the Retarded, Camarillo, CA, Rita Steiner
IV. *Behavioral Characteristics Progression*, Cajon Valley Union School District, El Paso, CA
V. *Catalog of Objectives*, Macomb-Oakland Regional Center, Mt. Clemens, MI, Michigan Department of Mental Health
VI. *Adult Foster Care Training Manuals*, Michigan Department of Social Services
VII. *Securing Occupational Achievement Through Readiness Skills (SOARS)*, Eastern Michigan University and Community Mental Health, Ann Arbor, Michigan
VIII. Activities designed by instructors
IX. Audio-Visual and Adult Basic Education Techniques
X. Problem-Solving as taught to staff by A. R. Roelofs with use of *The Universal Traveler*, Koberg/Bagnall and common sense techniques.

Part 7

EVALUATION OF PARTICIPANT PROGRESS

The Ability Assessment and written evaluations from the Whole Life participant's previous placement are baseline guides for their individual program. The first month of residence allows a participant time to settle into their apartment, obtain needed furnishings, and familiarize themselves, family and friends to their new environment. Staff assists in the nesting process, teaches emergency and basic community living skills, and formulates priorities for ongoing learning in the program.

After one month of successful adjustment to Whole Life Program, the Thirty Day Adaptive Assessment is administered to the participant at this point, then annually to measure progress. Then the participant, WLP staff representative, family members, and support services team meet. The program contract for needed staff/participant interaction is discussed and signed. Four annual goals are set. The four goals are used to determine specific learning objectives on Individual Outcome Review forms by WLP staff and participant.

Quarterly Review meetings are scheduled. The participant, family members, WLP staff representative, and support services team members attend. The four annual goals are assessed, amended or replaced as necessary. Medical, psychological, dietary and other concerns or special needs are discussed. Service plans are evaluated and determined by the team for optimal participant growth. Individual Outcome Review forms are introduced after each Quarterly Review meeting to follow the most recent Four Annual Goals.

Every staff person doing direct service on a given day is required to summarize activities and participant involvement in the WLP daily log book to ensure a smooth, up-to-date transition for incoming direct service staff. The log is for WLP staff use only; information stated within is confidential.

THIRTY DAY ADAPTIVE ASSESSMENT

by

Alice R. Roelofs

I. EMERGENCY PROCEDURES

II. APARTMENT SAFETY

III. APARTMENT UPKEEP

IV. FOOD PREPARATION, PRESERVATION, NUTRITION

V. SHOPPING/CONSUMERISM

VI. MONEY MANAGEMENT

VII. BODY CARE & AWARENESS

VIII. SELF-AWARENESS

IX. COMMUNICATIONS WITHIN THE COMMUNITY

X. UNDERSTANDING OTHERS

XI. EARNING A LIVING

XII. FREE TIME

XIII. TIME

*KEY TO ASSESSMENT-RATINGS:

1. Demonstrates/understands independently, interdependently (100% Mastery)
2. Needs little assistance (75% Mastery)
3. Needs much assistance (50% Mastery)
4. Beginning ability/understanding (25% Mastery)
5. Cannot demonstrate or understand at all (0% Mastery)

*Demonstration–Assessment will be done in an apartment with practice every day goods and appliances by members of the Whole Life Program staff.

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

I. EMERGENCY PROCEDURES

A. APARTMENT

1. USES EMERGENCY BEEPER	5	4	3	2	1
2. CALLS MANAGER WHEN APPROPRIATE	5	4	3	2	1
3. CALL 911 or 0 WHEN EMERGENCY SERVICES NEEDED	5	4	3	2	1
4. ACTIVATES FIRE ALARM	5	4	3	2	1
5. USE FIRE EXTINGUISHER	5	4	3	2	1

COMMENTS:

B. COMMUNITY

1. CALLS BEEPER SERVICES AND LEAVES NAME & NUMBER	5	4	3	2	1
2. ASKS FOR HELP IF NEEDED	5	4	3	2	1
3. GOES TO HOSPITAL EMERGENCY ROOM	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

II. APARTMENT SAFETY

A. INDEPENDENT SKILLS

1. OPERATES ALARM CLOCK	5	4	3	2	1
2. USES KEYS, LOCKS	5	4	3	2	1
3. OPENS, CLOSES DOORS/WINDOWS	5	4	3	2	1

COMMENTS:

B. APPLIANCE SKILLS

1. TURNS SMALL APPLIANCES OFF/ON	5	4	3	2	1
2. TURNS STOVE OFF/ON	5	4	3	2	1
3. TURNS OVEN OFF/ON	5	4	3	2	1
4. TURNS DISHWASHER OFF/ON	5	4	3	2	1
5. USES DISPOSAL PROPERLY	5	4	3	2	1

COMMENTS:

C. MISCELLANEOUS

1. CLEANS UP SPILLS	5	4	3	2	1
2. REPLACES LIGHT BULBS	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

III. APARTMENT UPKEEP

A. BEDROOM

1. MAKES BED WITH 2 SHEETS, PILLOW CASE, BLANKETS	5	4	3	2	1
2. PUTS SPREAD ON BED INDEPENDENTLY	5	4	3	2	1
3. PUTS AWAY CLOTHING IN PRE-DESIGNATED AREA	5	4	3	2	1
4. ARRANGES DRAWERS ACCORDING TO HIS/HER OWN NEEDS	5	4	3	2	1
5. CHANGES LINEN REGULARLY (ONCE A WEEK)	5	4	3	2	1
6. HANGS UP CLOTHES IN CLOSET	5	4	3	2	1

COMMENTS:

_____

B. BATHROOM

1. CLEANS TOILET ONCE A MONTH	5	4	3	2	1
2. CLEANS FLOOR BY MOPPING ONCE A WEEK	5	4	3	2	1
3. CLEANS TUB AFTER EACH USE	5	4	3	2	1
4. CLEANS BASIN AFTER USE	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

III. APARTMENT UPKEEP

C. KITCHEN

1. RINSES DIRTY DISHES	5	4	3	2	1
2. USES DISHWASHER	5	4	3	2	1
3. CLEANS COUNTERS, TABLE AFTER MEAL	5	4	3	2	1
4. CLEANS REFRIGERATOR WEEKLY	5	4	3	2	1
5. CLEANS FLOOR WEEKLY	5	4	3	2	1

COMMENTS:

D. GENERAL CLEANING

1. DUSTS ONCE A WEEK WITH RAG & FURNITURE POLISH	5	4	3	2	1
2. SWEEPS FLOOR AS NEEDED	5	4	3	2	1
3. CLEAN-UP MATERIALS PUT AWAY AFTER CLEANING	5	4	3	2	1
4. VACUUMS ONCE A WEEK	5	4	3	2	1
5. WASHES CLOTHES	5	4	3	2	1
6. PUT AWAY CLEAN CLOTHES	5	4	3	2	1
7. STORES DIRTY CLOTHES IN A DESIGNATED AREA	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE _____

_____

IV. FOOD PREPARATION, PRESERVATION, NUTRITION

A. BREAKFAST

1. WITHOUT APPLIANCES, i.e., COLD CEREAL, DOUGHNUTS 5 4 3 2 1
2. WITH SMALL APPLIANCES, i.e., TOAST, COFFEE 5 4 3 2 1
3. WITH STOVE, i.e., HOT CEREALS, PANCAKES, EGGS 5 4 3 2 1
4. WITH OVEN, i.e., T.V. BREAKFASTS, BISCUITS, TOAST 5 4 3 2 1

COMMENTS:

5. CLEANS US AFTER BREAKFAST 5 4 3 2 1
6. PUTS AWAY LEFTOVERS, MATERIALS APPROPRIATELY 5 4 3 2 1

COMMENTS:

7. MEAL IS BALANCED ACCORDING TO INDIVIDUAL NEEDS 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

IV. FOOD PREPARATION, PRESERVATION, NUTRITION

B. LUNCH

1. WITHOUT APPLIANCES, i.e., SANDWICH, CHIPS, FRUIT 5 4 3 2 1
2. WITH SMALL APPLIANCES, i.e., TOAST, COFFEE 5 4 3 2 1
3. WITH STOVE, i.e., GRILLED CHEESE, SOUP, BEANS 5 4 3 2 1
4. WITH OVEN, i.e., POT PIES 5 4 3 2 1

COMMENTS:

C. DINNER

1. WITHOUT APPLIANCES, i.e., SALADS, COLD CUTS, ETC. 5 4 3 2 1
2. WITH SMALL APPLIANCES 5 4 3 2 1
3. WITH STOVE, i.e., CANNED GOODS, PRE-COOKED 5 4 3 2 1
4. WITH OVEN, i.e., FROZEN MEALS 5 4 3 2 1
5. WITH SIMPLE RECIPES COMBINING INGREDIENTS 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

IV. FOOD PREPARATION, PRESERVATION, NUTRITION

C. DINNER

6. SETS TABLE, MAKING POSITIVE ATMOSPHERE	5	4	3	2	1
7. CLEANS UP AFTER MEAL	5	4	3	2	1
8. STORES LEFTOVERS APPROPRIATELY	5	4	3	2	1

COMMENTS:

9. MEAL IS BALANCED ACCORDING TO INDIVIDUAL NEEDS	5	4	3	2	1

COMMENTS:

D. SNACKS

1. EATS SNACKS THAT ARE HEALTHY, i.e., FRUITS, VEGETABLES	5	4	3	2	1
2. BUYS READY MADE SNACKS	5	4	3	2	1
3. COMBINES SEPARATE INGREDIENTS TO PREPARE SNACKS	5	4	3	2	1
4. CAN TELL JUNK FOOD FROM HEALTHY	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

IV. FOOD PREPARATION, PRESERVATION, NUTRITION

E. DAILY MENU, FOOD CONSUMPTION

1. FOOD BALANCES OUT DURING DAY 5 4 3 2 1

COMMENTS:

2. QUANTITY OF FOOD IS ADEQUATE 5 4 3 2 1

COMMENTS:

3. QUALITY OF FOOD IS ADEQUATE 5 4 3 2 1

COMMENTS:

4. PLANS DAILY MENU IN ADVANCE 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

V. SHOPPING/CONSUMERISM

A. GROCERY

1. BUYS GROCERIES 5 4 3 2 1
2. MAKES SHOPPING LIST 5 4 3 2 1
3. GOES THROUGH CHECKOUT LINES 5 4 3 2 1

COMMENTS:

4. BUYS TOILET ITEMS AS NEEDED 5 4 3 2 1

COMMENTS:

B. CLOTHING

1. KNOWS OWN SIZES 5 4 3 2 1

COMMENTS:

2. SHOPS AT MORE THAN ONE PLACE BEFORE BUYING 5 4 3 2 1

COMMENTS:

3. COMPARES PRICES, QUALITY 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

VI. MONEY MANAGEMENT

A. IDENTIFICATION OF MONEY

1. CORRECTLY IDENTIFIES COINS 5 4 3 2 1
2. CORRECTLY IDENTIFIES $1 BILL, $5 BILL, $10 BILL, $20 BILL 5 4 3 2 1

COMMENTS:

_____

B. MAKING CHANGE

1. MAKES CHANGE FOR $.05, $.10, $.25 5 4 3 2 1
2. MAKES CHANGE FOR $.50 5 4 3 2 1
3. MAKES CHANGE FOR $1.00 5 4 3 2 1
4. MAKES CHANGE FOR $5.00 5 4 3 2 1
5. MAKES CHANGE FOR $10.00 5 4 3 2 1

COMMENTS:

6. COMPUTES SIMPLE WORK PROBLEMS 5 4 3 2 1

COMMENTS:

7. CAN WRITE CEHCK 5 4 3 2 1
8. CAN CASH CHECKS 5 4 3 2 1

COMMENTS:

9. SETS US BUDGET 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____ _____

VII. BODY CARE AND AWARENESS

A. HYGIENE

1. HAIR IS COMBED/BRUSHED	5	4	3	2	1
2. HAIR IS CLEAN	5	4	3	2	1
3. SHAMPOOING IS DONE APPROPRIATELY	5	4	3	2	1

COMMENTS:

4. BODY IS CLEAN, BY APPEARNCE, SMELL, ETC.	5	4	3	2	1
5. SHOWERS/BATHES AS NEEDED	5	4	3	2	1
6. APPROPRIATE USE OF DEODORANT, PERFUME	5	4	3	2	1
7. SHAVES AS NEEDED OR DESIRED	5	4	3	2	1

COMMENTS:

8. BRUSHES TEETH TWO TIMES A DAY/REGULARLY	5	4	3	2	1
9. BRUSHES TEETH APPROPRIATELY	5	4	3	2	1
10. TEETH APPEAR CLEAN	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.C.R. #'S TO EMPHASIZE: _____

_____

VII. BODY CARE AND AWARENESS

B. WARDROBE

1. WEARS CLOTHING APPROPRIATE FOR WEATHER 5 4 3 2 1
2. WEARS APPROPRIATE CLOTHING FOR DIFFERING OCCASIONS 5 4 3 2 1

COMMENTS:

3. WEARS RIGHT SIZE CLOTHES 5 4 3 2 1
4. WEARS CLOTHES THAT APPEAL TO SELF AND OTHERS 5 4 3 2 1
5. WEARS SHOES THAT ARE COMFORTABLE AND YET APPROPRIATE FOR OCCASION 5 4 3 2 1

COMMENTS:

6. AWARE OF COLORS, PATTERNS, AND WEARS IN APPROPRIATE CULTURED SETTINGS 5 4 3 2 1

COMMENTS:

7. IRONS OBSERVING SAFETY PRECAUTIONS 5 4 3 2 1
6. MENDS (SIMPLE REPAIRS) 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

VII. BODY CARE AND AWARENESS

C. SEXUALITY

1. IDENTIFIES SEXUAL BODY PARTS	5	4	3	2	1
2. CLEANS GENITAL AREA REGULARLY	5	4	3	2	1

COMMENTS:

3. SEEKS PHYSICAL CONTACT WITH OTHERS	5	4	3	2	1
4. MASTURBATES IN APPROPRIATE MILIEU	5	4	3	2	1
5. KNOWS/UNDERSTANDS BIRTH CONTROL MEASURES	5	4	3	2	1
6. IDENTIFIES PROCESS OF INTERCOURSE	5	4	3	2	1
7. INITIATES DISCUSSION REGARDING SEXUALITY IN APPROPRIATE SETTINGS	5	4	3	2	1
8. AWARE OF IMPLICATIONS OF INTIMACY	5	4	3	2	1
9. AWARE OF VENEREAL DISEASE AND HOW TO TREAT IT	5	4	3	2	1
10. USES FEMININE HYGIENE ARTICLES EACH MONTH APPROPRIATELY	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

VII. BODY CARE AND AWARENESS

D. MEDICATIONS

1. KNOWS NAMES OF MEDICATIONS 5 4 3 2 1
2. KNOWS WHY SHE/HE TAKES MEDS 5 4 3 2 1
3. TAKES MEDS AT APPROPRIATE TIMES 5 4 3 2 1
4. TAKES MEDS IN PROPER AMOUNTS 5 4 3 2 1

COMMENTS:

5. CALLS DOCTOR INDEPENDENTLY 5 4 3 2 1
6. OBTAINS PRESCRIPTIONS INDEPENDENTLY 5 4 3 2 1

COMMENTS:

7. SELF-TREATS FOR SIMPLE PAIN SUCH AS HEADACHES, CRAMPS 5 4 3 2 1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

VIII. SELF-AWARENESS

A. COGNITIVE

1. NAMES BODY PARTS	5	4	3	2	1
2. IDENTIFIES FIVE (5) EMOTIONS CORRECTLY	5	4	3	2	1
3. IDENTIFIES ACTIVITIES THAT PLEASE HIM/HER	5	4	3	2	1
4. CORRECTLY IDENTIFIES OWN SEX	5	4	3	2	1

COMMENTS:

B. AFFECTIVE

1. IF NON-VERBAL, INDICATES 25 WORDS PHRASE BY BODILY MOVEMENT	5	4	3	2	1
2. EXPRESES FIVE (5) EMOTIONS IN A SOCIALLY ACCEPTABLE MANNER	5	4	3	2	1
3. DISCUSSES FEELINGS WITH FRIEND/COUNSELOR	5	4	3	2	1

COMMENTS:

C. PSYCHOMOTOR

1. PARTICIPATES IN THREE (3) PHYSICAL ACTIVITIES FOR HEALTH AND FUN — 5 4 3 2 1

2.

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

IX. COMMUNICATIONS WITHIN THE COMMUNITY

A. SAFETY

1. IDENTIFIES STOP SIGN	5	4	3	2	1
2. IDENTIFIES MEANING OF COLORS OF TRAFFIC LIGHT	5	4	3	2	1
3. IDENTIFIES SYMBOL FOR POISON	5	4	3	2	1
4. REPORTS POTENTIAL DANGERS TO PROPER PERSONS	5	4	3	2	1
5. USES PEDESTRIAN CROSSING WHEN APPROPRIATE	5	4	3	2	1
6. IDENTIFIES DO NOT ENTER SIGNS ON STREETS/DOORS	5	4	3	2	1

COMMENTS:

B. TELEPHONE

1. ANSWER PHONE APPROPRIATELY	5	4	3	2	1
2. DIALS PHONE CORRECTLY	5	4	3	2	1
3. USES PAY PHONES	5	4	3	2	1
4. RELAYS MESSAGES	5	4	3	2	1
5. CAN LOCATE EMERGENCY NUMBERS	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

IX. COMMUNICATIONS WITHIN THE COMMUNITY

C. MOBILITY

1. KNOWS LOCAL LANDMARKS	5	4	3	2	1
2. FINDS WAY TO DESTINATION INDEPENDENTLY	5	4	3	2	1
3. CAN USE VARIOUS MODES OF TRANSPORTATION	5	4	3	2	1
4. ASKS/FOLLOWS DIRECTIONS	5	4	3	2	1

COMMENTS:

D. PUBLIC EATING

1. USES VENDING MACHINES	5	4	3	2	1
2. ORDERS SIMPLE MEALS	5	4	3	2	1
3. PAYS FOR MEALS	5	4	3	2	1
4. READS MENU	5	4	3	2	1
5. SELECTS APPROPRIATE PLACE FOR DESIRED FOOD	5	4	3	2	1
6. ORDERS BALANCED MEALS	5	4	3	2	1
7. LEAVES TIP	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

X. UNDERSTANDING OTHERS

A. APARTMENT PARTNERS

1. CARRIES ON APPROPRIATE CONVERSATIONS	5	4	3	2	1
2. TELLS STORIES/JOKES	5	4	3	2	1
3. SOLVES CONFLICT SITUATIONS BY COMPROMISE	5	4	3	2	1

COMMENTS:

B. COMMUNITY

1. PARTICIPATES IN GROUP ACTIVITIES	5	4	3	2	1
2. INITIATES GROUP ACTIVITIES	5	4	3	2	1
3. CAN SOLVE BASIC PROBLEMS	5	4	3	2	1
4. CAN DISTINGUISH DIFFERENCES BETWEEN ASSERTIVE, AGGRESSIVE, PASSIVE	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

XI. EARNING A LIVING

A. LOCATES JOB

1. INDEPENDENTLY LOOKS FOR JOB	5	4	3	2	1
2. INDICATES DESIRE TO WORK	5	4	3	2	1
3. FILL OUT APPROPRIATE FORMS/ APPLICATIONS	5	4	3	2	1

COMMENTS:

B. ON THE JOB

1. ARRIVES ON TIME	5	4	3	2	1
2. DRESSES APPROPRIATELY	5	4	3	2	1
3. KNOWS WORK EXPECTED OF HER/HIM	5	4	3	2	1
4. KNOWS NAME OF FIRM	5	4	3	2	1
5. FOLLOWS INSTRUCTION(S)	5	4	3	2	1
6. INTERACTS WITH CO-WORKERS	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

XI. EARNING A LIVING

C. QUALITY

1. COMPLETES TASKS INDEPENDENTLY	5	4	3	2	1
2. FOLLOWS SAFETY PROCEDURES	5	4	3	2	1
3. WORK IS ACCEPTABLE TO SUPERVISOR	5	4	3	2	1
4. TAKES CRITICISM CONSTRUCTIVELY	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

XII. FREE TIME

A. EVENINGS

1. SELECTS OWN ACTIVITIES	5	4	3	2	1
2. PARTICIPATES IN SOCIAL FUNCTIONS ON A REGULAR BASIS	5	4	3	2	1
3. HAS GUESTS IN APARTMENT	5	4	3	2	1
4. ARRANGES OWN TRANSPORTATION	5	4	3	2	1

COMMENTS:

B. WEEKENDS

1. DATES	5	4	3	2	1
2. INFORMS WHOLE LIFE PROGRAM STAFF AS TO WHEREABOUTS	5	4	3	2	1
3. GOES OUT TO EAT	5	4	3	2	1
4. PLANS WELL	5	4	3	2	1
5. AWARE OF FIVE (5) RECREATIONAL SOURCES	5	4	3	2	1

COMMENTS:

C. VACATION

1. PLANS MONEY NEEDED, LODGING, TRANSPORTATION, ETC.	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

XIII. TIME

A. CALENDAR

1. IDENTIFIES NIGHT AND DAY CORRECTLY	5	4	3	2	1
2. NAMES DAYS OF WEEK IN SEQUENCE	5	4	3	2	1
3. NAMES CURRENT DAY OF WEEK	5	4	3	2	1
4. NAMES MONTHS OF YEAR	5	4	3	2	1
5. KNOWS OWN BIRTHDAY	5	4	3	2	1
6. NAMES CURRENT MONTH	5	4	3	2	1
7. NAMES YEAR	5	4	3	2	1
8. CAN NAME THREE HOLIDAYS	5	4	3	2	1
9. CAN READ CALENDAR	5	4	3	2	1

COMMENTS:

B. HOURS/CLOCK

1. INDICATES TIME TO THE NEAREST HOUR	5	4	3	2	1
2. IDENTIFIES LARGE, SMALL AND SECOND HANDS ON CLOCK	5	4	3	2	1
3. INDICATES THE NEAREST HALF HOUR CORRECTLY	5	4	3	2	1
4. INDICATES THE NEAREST QUARTER HOUR CORRECTLY	5	4	3	2	1

COMMENTS:

NAME: _____ STAFF: _____

DATE: _____ _____

I.O.R. #'S TO EMPHASIZE: _____

_____

XIII. TIME

B. HOURS/CLOCK

5.	INDICATES HOW MANY MINUTES IN HOUR	5	4	3	2	1
6.	INDICATES HOW MANY HOURS IN A DAY	5	4	3	2	1
7.	INDICATES HOW MANY SECONDS IN A MINUTE	5	4	3	2	1

COMMENTS:

C. SCHEDULES

1.	COMES ON TIME TO MEETINGS	5	4	3	2	1
2.	LEAVES AT PRE-ARRANGED TIME	5	4	3	2	1
3.	CAN TELL WHEN AN EVENT IS TO OCCUR	5	4	3	2	1
4.	SETS UP APPOINTMENTS	5	4	3	2	1
5.	IS ON TIME TO APPOINTMENTS	5	4	3	2	1
6.	MANAGES TIME WEEKLY	5	4	3	2	1

COMMENTS:

D. SEASONS

1. NAMES THE FOUR SEASONS	5	4	3	2	1
2. IDENTIFIES MAJOR EVENTS THAT HAPPEN	5	4	3	2	1
3. IDENTIFIES APPROPRIATE DRESS FOR EACH SEASON USING CONDITIONALS	5	4	3	2	1

COMMENTS:

ADULT LEARNING SYSTEMS, INC.
WHOLE LIFE PROGRAM CONTRACT

This contract is established between _____
(Participant's Name)
and the Whole Life Program. The Whole Life Program will provide the following for the participant:

1. Apartment unit reserved in the _____ Apartment Complex.
2. Classes at the Whole Life Program Center during the day. The classes will teach a variety of apartment and community living skills.
3. Evening adult education class terms with each week's class lasting two hours. These continuing education courses will include reading, math and others.
4. Budgeting assistance to help each person live within their allotted Supplemental Security Income (SSI), Social Security (SSB), competitive employment or other income.
5. Free time for individual pursuit of interests and fun.
6. Counseling for the sharing of positive and negative feelings.
7. A 24 hour emergency beeper system with a Whole Life Program staff person on call.
8. Case manager and other support persons as needed.
9. Assistance if and when participant and staff decide participant is ready to:
   a) Find employment or a job training program in the community;
   b) Live on his/her own without all or some ongoing Whole Life Program classes or other offerings as described above.

The participant will do the following in the Whole Life Program:

1. Rent an apartment in the _____ Apartment Complex. Buy groceries and cover personal monthly expenses.
2. Plan his/her learning in time segments as noted on Individual Outcome Review forms. Attends classes as needed at the Whole Life Program Center.
3. Select a minimum of one Whole Life Program course each year for continuing education.
4. If the participant tries to physically hurt self or others in WLP he/she will be subject to review and possible removal from participation in the Whole Life Program.
5. If the participant plans on being away from their apartment complex for 24 hours or more, he/she will let the Whole Life Program staff know their plans and where he/she may be reached.

If any of the items listed in the two sections above are not done, a meeting will be held with the Whole Life Program staff, the participant, and case manager to discuss solutions. If needed, participant will resign from the Whole Life Program and live elsewhere so that other participants can learn and live comfortably.

DIRECTOR	DATE
COORDINATOR	DATE
INSTRUCTOR	DATE
CASE MANAGER	DATE

WHOLE LIFE PROGRAM
INDIVIDUAL OUTCOME REVIEW

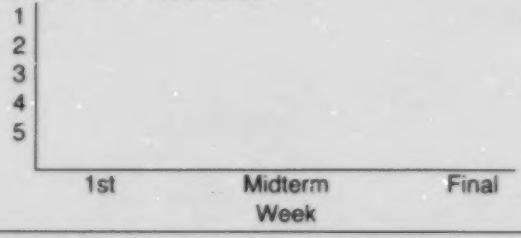
STUDENT: _____ CLASS TITLE: _____

TEACHER(S): _____ _____

_____

TERM AND YEAR: _____

COURSE GOALS:	REVIEW DATES: WEEKS _____ & _____
SPECIFIC LEARNING OBJECTIVE(S):	FUNCTIONING LEVEL CODE: 1 = Does Independently/Interdependently (100% Mastery) 2 = Needs Little Assistance (75% Mastery) 3 = Needs Much Assistance (50% Mastery) 4 = Beginning Ability (25% Mastery) 5 = Cannot Do At All (0% Mastery)
BEGINNING STATUS DESCRIPTION (WEEK 1):	FUNCTION LEVEL: 1 2 3 4 5

MID-TERM REVIEW STATUS DESCRIPTION (WEEK _____):	FUNCTION LEVEL: 1 2 3 4 5
FINAL REVIEW STATUS DESCRIPTION (WEEK _____):	FUNCTION LEVEL: 1 2 3 4 5
PROBLEM CLARIFICATION AND POSITIVE INFORMATION:	GRAPH OF PROGRESS 

WHOLE LIFE PROGRAM IS A COMPONENT OF ADULT LEARNING SYSTEMS, INC.

Jan Black © 1980

Part 8

MANAGEMENT OF INDIVIDUAL FUNDS

Any money, cash or checks brought by a participant on move-in day from personal allowance wages or previous bank accounts will be counted and recorded on a Move-In Sheet jointly by WLP representative, participant, and their relative or staff person from the previous placement. Cash and checks in excess of $50.00 will be entrusted to Whole Life Program for safekeeping until such time that the participant:

a) Uses all or a portion for purchase of apartment necessities;
b) Deposits the funds in a checking and/or savings account in a local bank.

Any expenditure by a participant out of their personal funds before they open a local bank account will be dated, recorded and accompanied by receipts of petty cash slips by WLP. At the time the participant opens their checking or savings account, the opening deposit will be recorded on the participant's monthly expenditure sheet. The amount of deposit and sum of recorded expenditures will equal the amount brought to the program by the participant on move-in day.

Staff will assist each participant with any steps needed to determine amount and transfer receipt of their monthly income (e.g. Social Security Benefits, Supplemental Security Income) to their new address. Whole Life Program will make interest free loans of any advance monies needed to set up housekeeping; these monies will be paid back by the participant as soon as their monthly source of income is stabilized and retroactive payments are received.

Participants will open a two signature checking or savings account with the WLP designee. This ensures rational money management while the participant demonstrates their ongoing money management skills. After a minimum of six months and at such time as the participant shows consistent, careful money management habits, the second signature WLP staff member will remove his/her name from the account.

Monthly expenditure sheets will be maintained on each participant. Recorded will be any program advance monies to participants, deposits of income, paybacks of advance monies, weekly allowances for food and spending, personal maintenance expenses, and apartment expenses. Once the participant has a local checking/savings account and a secure monthly income, their checkbook and savings book entries will be used to record monthly expenditures.

Participants will be assisted by staff as needed with proper check writing, recording of checks, and monthly bank statement reconciliations.

They will also be assisted as needed with savings account deposits, withdrawals, interest accrued, and understanding quarterly savings account statements.

Budgeting will be taught by WLP staff. Participants will be required to remain within pre-determined weekly grocery and personal spending allowances. Spending allowance totals for a month will equal or exceed the amount determined by the state for monthly group home personal spending allowances. Participants will be responsible for four monthly bill payments as listed on the Payment Breakdown Form (attached).

1) Apartment gas bill—amount due will be divided equally by occupancy slots;
2) Apartment electric bill—amount due will be divided equally by occupancy slots;
3) Phone bill—flat rate and local/zone amounts due will be divided equally by occupancy slots; itemized long distance and special charges will be the responsibility of the person responsible;
4) Rent—a set rate will be charged to each participant living in WLP apartments, but will be directly returned in the form of program materials.

After a participant's monthly income has stablized and six months of budgeting have passed, the individual's spending/budgeting record will be reviewed by the program administrators. When the participant has established dependable, thoughtful budgeting patterns and/or the individual has sufficient funds because of prior savings, a trust fund, etc., the weekly amount allowed for groceries and personal spending may be increased to meet their individual preferences. Based on their interests, each participant will be coached by staff on how to save money for a vacation, shop wisely for luxury items, "save for a rainy day" and other "major expense" choices persons encounter in community living. Staff intervention will be decreased as participant financial autonomy increases.

ADULT LEARNING SYSTEMS, INC.

WHOLE LIFE PROGRAM
ARRIVAL INFORMATION ON PARTICIPATNS

PARTICIPANT NAME: _____

TODAY'S DATE: _____

I. Participant's money brought to WLP—Amount: _____
   a) Cash _____
   b) Check _____
   c) Other _____

II. Medications:

1. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

2. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

3. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

4. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

5. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

6. Med. Name: _____
   Amt./No.: _____
   Label Correct: _____

Verification of above information:

Signature of WLP administrator: _____
Signature of Parent/Former Placement Staff/Case Manager (circle one):

_____

Signature of WLP Participant: _____

WHOLE LIFE PROGRAM PARTICIPANT EXPENDITURE SHEET

Participant Name: _____

Month/Year: _____

	Expenditure/ Income Item	Date	WLF Loan Amt.— CK #	Participant CK or Withdrawal Amt. & CK #	Deposit Amount	Breakdown of Amt. (If applicable)	Balance Owed to WLP
1	Balance Forward						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Month End

Balance in Checking Account: _____

Balance in Savings Account: _____

Balance Owed to WLP: _____

WHOLE LIFE PROGRAM

PARTICIPANT PAYMENT BREAKDOWN: GAS, ELECTRIC, PHONE, RENT

NAME:_____ ADDRESS:_____

MONTH REIMB. DUE:_____ PHONE #:_____

GAS:

Period Covered:_____

Amount Participant Paid:_____

Participant's Check #:_____Date Paid:_____

Remarks:_____

ELECTRIC:

Period Covered:_____

Amount Participant Paid:_____

Participant's Check #:_____Date Paid:_____

Remarks:_____

PHONE:

Period Covered:_____

Amount Participant Paid:_____

Participant's Check #:_____Date Paid:_____

Remarks:_____

RENT:

Period Covered:_____

Amount Participant Paid:_____

Participant's Check #:_____Date Paid:_____

Remarks:_____

_____ _____

Participant Signature & Date | Witness to Participant's Signature & Date

_____ _____

Check/Approval of Payment | Date

Part 9

EMERGENCY PROCEDURES

EMERGENCIES AND DISASTER PLAN

Persons living in or using facilities under the auspices of Adult Learning Systems, Inc. are responsible for being aware and practicing procedures in case of emergency. The conditions and requirements of this policy will be reviewed with staff on a quarterly basis.

The emergency and disaster plan will be introduced to incoming residents of Whole Life Program. Each subsequent month after basic emergency procedure is learned, residents will participate in a minimum of one drill by staff in an internal or external disaster area listed below.

Basic Emergency Procedure:

1. Remove self from the emergency.
2. Alert others subject to immediate danger by yelling, awakening, etc.
3. Contact fire department if there is uncontrollable fire.
4. Contact staff if any on duty at that time. If not, use Emergency Beeper System.
5. Follow common sense, staff-on-call directions.
6. Contact police, ambulance, and other local emergency helpers if necessary.

Internal and External Disaster Drill Areas:

1. Fire in Living Quarters
2. Explosion
3. Poisonous Gas Leak
4. Power Failure
5. Loss of Heat in Living Quarters
6. Assault
7. Floods
8. Tornadoes
9. Fire nearby Living Quarters

Specific drills for each potential disaster listed above are contained in the Whole Life Program Operations Manual.

Procedure to be Implemented by Staff-on-Duty or Staff-on-Call in Case of Disaster:

1. Immediate care, safety, and protection of client is of primary concern. This includes, if needed:
   a. Notification of nearest emergency services (police, fire department, ambulance).
   b. If not on-site at the time of disaster, recruitment of interim calming influence/helper until staff arrival. (This could be the apartment manager, neighbor, nearby store employee.)
   c. Calming on-site assistance, using fire aid practices as necessary.
   d. Procurement of alternate clothing, shelter and replacement medications if needed.
2. Contact staff-on-call if not already notified. Obtain directions and assistance.
3. Contact Adult Learning Systems Executive Director and President of the Board, if not already notified.
4. Contact relatives of clients if appropriate.
5. Contact appropriate Department of Mental Health personnel to report disaster and obtain assistance. This must be done through written report within seventy-two (72) hours of the disaster stating:
   a. Extent of injuries
   b. Precipitative events, if any
   c. Time/date of incident
   d. Synopsis of events during the emergency
   e. Synopsis of follow-up assistance activities
   f. Any conditions outlined in this Disaster Policy that were not implemented during the emergency/disaster situation.

A copy of the above report will be made for Adult Learning Systems, Inc.

Emergency Procedures Checklist:

1. Fire
2. Tornado
3. Injury
4. Use of Beeper
5. Break-In
6. Storms: Loss of Heat, Power Failure
7. Plumbing (Water pipes/toilet overflowing)
8. Locked Out
9. Assault/Physical Aggression
10. Flooding
11. Poisonous Gas Leak
12. Explosion

Each week each apartment is drilled on *one* emergency. Each week the emergency situation rotates.

How individuals act in actual emergencies vary with individual personalities.

The following are the checklists used in reviewing emergencies.

developed by Alice R. Roelofs
1982
revised by Karen Wertheimer
1983

FIRE (1)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.	
I. Tells what a fire is. 1. hot 2. dangerous 3. can burn 4. flames	
Section I Score (Rate on 1–5 Scale)	
Answers given independently from prompting (rate on 1–5 scale).	
II. Tells what to do in case of a fire. 1. remain calm 2. use fire extinguisher if fire is isolated to small area 3. activates fire alarm (if there is one in the building 4. evacuate apt. immediately if fire is out of control 5. go to nearest phone and call 911: a. tell them your name b. your address	

c. type of emergency
6. beep WLP staff.

Section II Score (Rate on 1–5 Scale)

Answers given independently from prompting (rate on 1–5 scale).

III. Demonstrates safe procedures during a fire. MUST ROLE PLAY. Order of response is important.

A. Stove fire.

1. smells smoke, investigate carefully
2. if fire is small, turn off stove
3. if a pot is on fire smother flames by putting lid on pot
4. use baking soda on fire only if it is readily available.
5. if fire is too large when discovered, evacuate apt.

B. Wastepaper Basket Fire

1. if smell smoke, investigate carefully
2. if fire is small use fire extinguisher
3. able to locate fire extinguisher
4. able to indicate how to use fire extinguisher
5. if fire is too large when discovered evacuate apt.

C. Notice the smell of smoke as you are alone in your bedroom with the door closed. 1. when notice that smoke is in room get on the floor below smoke level 2. crawl to the door and feel the door to see if it is hot. 3. if the door is hot, open the window or break the window and exit. 4. if the door is not hot, covers mouth and opens door slowly, checks course of smoke, exists quickly through front door if in immediate danger.																			
Section III Score (rate on 1–5 scale)																			
Answers given independently from prompting (rate on 1–5 scale).																			

IV. Uses emergency services properly. 1. Yells fire when exiting to alert neighbors 2. goes to nearest phone safely distanced from fire 3. asks to use phone 4. uses phone to dial 911: a. tells them your name b. address c. type of emergency 5. beeps WLP staff and informs them of the emergency.																	
Section IV Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	

TORNADO (2)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.	
I. Defines Tornado. What is a tornado? 1. strong winds 2. funnel shaped When do tornadoes occur? 3. late spring and early summer What can tornadoes do? 4. knock down houses 5. kill people or seriously injure them.	
Section I Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale)..	
II. Indicates what to do during a tornado. Order of response is important. 1. remains calm 2. alerts apt. partners if they are home 3. opens windows slightly 4. locates: a. battery operated radio	

b. flashlight
c. first aid kit

5. go to SW corner of basement with emergency items
6. if there is no basement, go to a room away from windows and electrical wires and crouch down.

Section II Score (rate on 1–5 scale)

Answers given independently from prompting (rate on 1–5 scale).

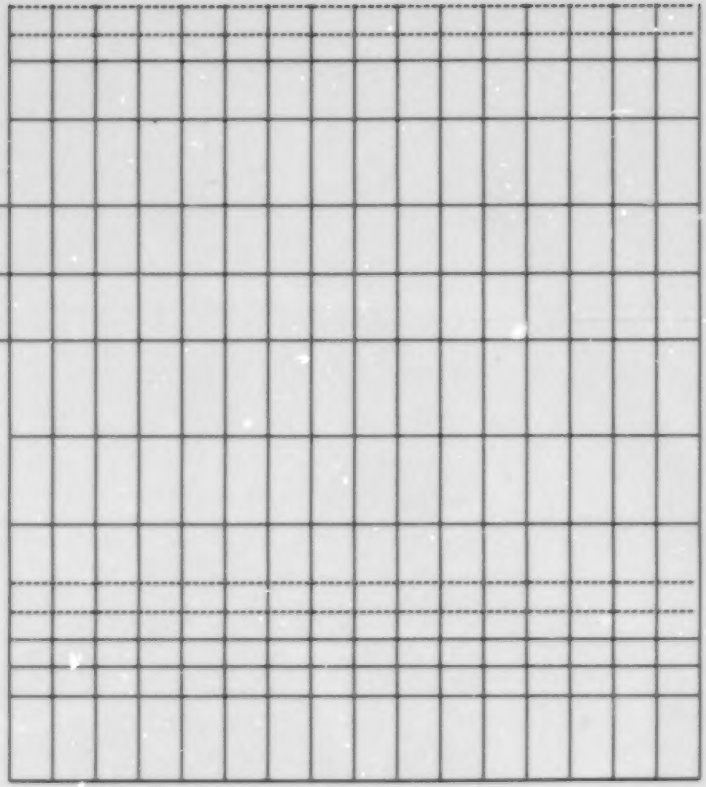
III. Demonstrates safe precautions in a drill. MUST BE ROLE PLAYED. Order of response is important.

There is a tornado watch for _____ County.
SHOW me what you will do.

1. cracks windows slightly
2. locates and sets aside:
   radio
   flashlight
   first aid kit
3. listens to TV or radio for weather updates.
4. knows county that is living in.

There is a tornado warning for _____ County.
SHOW me what you will do.

5. Gathers emergency equipment



6. walks to "tornado drill" area																	
7. listens for "all clear" on radio.																	
Section III Score (rate on 1–5 scale)																	
Answers given independently from prompting (rate on 1–5 scale).																	
IV. Demonstrates common sense problem-solving after tornado passes.																	
1. if ok, checks on other apt. partners.																	
2. for minor injuries administers first aid																	
3. checks phones, electricity, gas leaks, and plumbing																	
4. calls for help if needed																	
5. remains calm.																	
Section IV Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
NOTES:																	

INJURY: Burn, Cut, Shock, Seizure (3)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.
I. Defines injury as something that: 1. hurts 2. needs quick attention 3. could cause permanent damage to the person.
Section I Score (rate on 1–5 scale).
Answers given independently from prompting (rate on 1–5 scale).
II. Given an injury, able to indicate seriousness of injury. 1. burns (1st, 2nd, 3rd degree) 2. cuts (surface, deep) 3. bruises 4. breaks 5. shock 6. seizures 7. heart attacks 8. choking.
Section II Score (rate on 1–5 scale)

Answers given independently from prompting (rate on 1–5 scale).																		
III. Tells what to do for each emergency.																		
1. burns: 1st degree—cold pack																		
2nd degree—cold water																		
dry gently																		
dressing																		
keep elevated																		
see doctor																		
3rd degree--thick sterile dressing																		
must go to ER																		
2. cuts: direct pressure																		
elevate																		
if serious, call for help																		
3. bruises: cold pack																		
4. breaks: prevent motion of affected part																		
seek assistance medically																		
5. shock: cover with blanket																		
keep victim lying down																		
seek help immediately																		
6. seizures: move objects away from person																		
call emergency help if lasts more than 3–5 min.																		
7. heart attacks: call emergency help																		
8. choking: call emergency help																		

Section III Score (rate on 1–5 scale)																		
Answers given independently from prompting (rate on 1–5 scale).																		
IV. Demonstrates appropriate procedure for: (MUST ROLE PLAY)																		
1. burns																		
2. cuts																		
3. bruises																		
4. breaks																		
5. shock																		
6. seizures																		
7. heart attacks																		
8. choking																		
Section IV Score (rate on 1–5 scale).																		
Answers independently from prompting (rate on 1–5 scale).																		
NOTES:																		

USE OF BEEPER (4)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.																	
I. Tells why they use the beeper. Tell me two situations in which you should call the beeper. 1. to obtain emergency help 2. to talk with staff about something important. Give me an example of "something important" to talk about using the beeper.																	
Give me an example of something that can wait until you see a staff person on duty or that you can leave a message at the training center for.																	
Section I Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
II. Demonstrates use of beeper. MUST ROLE PLAY. Order of response is important. 1. dials number 2. identifies self 3. gives beeper number to services operator 4. gives message to operator																	

5. gives phone number to call back
6. waits for call back and stays off phone until called back
7. explains situation calmly and clearly to staff who calls back
8. if on-call person does not call with 15 min., calls beeper again
9. Indicates what to do if not called back after 2nd beep, e.g. call Crisis Center if an emergency.

Section II Score (rate on 1–5 scale)

Answers given independently from prompting (rate on 1–5 scale).

NOTES:

IV. Demonstrates safe procedures during break-in. MUST ROLE PLAY.
Imagine that you have discovered upon returning to your apt. that it has been broken into
1. go to nearest phone outside apt.
2. call beeper
3. call police

Imagine a break-in in the middle of the night 1. wake partners 2. turns on light 3. secures protective weapon 4. calls police 5. beep staff	
Section IV Score (rate on 1–5 scale)	
Answers given independently from prompting (rate on 1–5 scale).	
NOTES:	

BREAK-IN (5)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.	
I. Identifies when break-in can occur. 1. day time or night time 2. while you are absent or present from your apartment.	
Section I Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	
II. Tells ways to prevent break-ins. What can you do to your apt. to prevent break-ins? 1. turn on a light when you are leaving 2. close the curtains 3. lock the windows 4. lock the dead bolt What can you do for yourself to help prevent break-ins? 5. is cautious and aware when dealing with strangers 6. keep certain objects to use as a weapon to protect yourself (bat, pan).	

STORMS (6)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.	
I. Tells the kinds of storms. 1. rain 2. snow 3. thunder 4. hail	
Section I Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	
II. Tells what to do in a storm. 1. remain calm 2. stay in a safe shelter 3. locate: flashlight radio first aid kit blankets 4. listen to weather updates on radio.	
Section II Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	

III. Demonstrates safe procedures in a storm. MUST ROLE PLAY.																		
1. indicates what a safe shelter is																		
2. is able to locate & set aside:																		
a. flashlight																		
b. battery operated radio																		
c. first aid kit																		
d. blankets																		
Section III Score (rate on 1–5 scale)																		
Answers given independently from prompting (rate on 1–5 scale).																		
IV. Explains what they would do if the electricity & phones were dead.																		
1. remains calm																		
2. stays with apt. partners in a safe place																		
3. check on neighbors if it is a serious storm																		
4. administer minor first aid if needed																		
5. clean up if needed																		
Section IV Score (rate on 1–5 scale)																		
Answers given independently from prompting (rate on 1–5 scale).																		
NOTES:																		

When is the only time you may legally use a weapon? 7. only when you are attacked—we do not use weapons when someone is stealing but not hurting us																	
ROLE PLAY LEAVING THE APARTMENT 8. lock windows 9. closes curtains 10. leaves on a light 11. locks dead bolts.																	
Section II Score (rate on 1–5 scale)																	
Answers given independently from prompting (rate on 1–5 scale).																	
III. Tells procedure if someone is breaking in. Order is important. 1. remain calm 2. wake partners if they are home 3. turn on a light 4. secure protective weapon 5. call police (must know the number or be able to have the number by the phone) 6. beep staff.																	
Section III Score (rate on 1–5 scale)																	
Answers given independently from prompting (rate on 1–5 scale).																	

PLUMBING PROBLEMS (7)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.	
I. Names two potential plumbing problems. 1. breaking pipe 2. plugged toilet or drain.	
Section I Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	
II. Identifies problem and problem solves. A. Plugged drain 1. turn off water at source 2. use plunger 3. use drain cleaner 4. does not use or put more water in the sink (tub) until it's fixed 5. clean up if needed 6. beep staff and tell how handled problem B. Plugged toilet 1. use plunger 2. do not use toilet until fixed 3. clean up if needed	

4. beep staff and inform them of problem																	
C. Breaking pipe																	
1. if possible turn off water at source																	
2. beep staff so they may inform the manager																	
Section II Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
NOTES:																	

LOCKED OUT OF APT. (8)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.																	
I. Tells reasons for carrying keys.																	
Section I Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
II. Lists who has keys to the apt. other than himself/ herself																	
A. 1. apt. partners																	
2. training center																	
3. manager																	
B. Knows location of manager's office																	
C. Can obtain manager's phone number (must demonstrate this).																	
Section II Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	

III. Follows WLP policy if locked out. 1. if another apt. has a spare set of keys obtain and uses those keys 2. if not home, waits at another participant's apt. until roommates return or until spare keys can be obtained 3. if late at night, go to a WLP friend & ask to spend night 4. inform staff of the problem & how the problem was solved.																		
Section III Score (rate on 1–5 scale).																		
Answers given independently from prompting (rate on 1–5 scale).																		
NOTES:																		

ASSAULT/PHYSICAL AGGRESSION (9)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.																	
I. Tells about physical aggression and causes. What is physical aggression? 1. forceful attacking behavior Tell two kinds of physical aggression 2. rape 3. mugging Tell two possible causes of physical aggression 4. anger 5. mental illness																	
Section I Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
II. Tells how to avoid physical aggression 1. be prepared (be aware of your surroundings/ what is going on around you 2. avoid hostile situations 3. avoid dangerous areas 4. be aware of other peoples' body language & tone of voice																	

Section II Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	
III. If the situation is unavoidable: 1. yells, makes noise 2. uses body leverage to protect self and get away 3. gets away from danger 4. remains calm 5. do not jeopardize life—do not grab for weapons, use common sense 6. seek help as soon as possible 7. seek help for someone else if aggression is observed.	
Section III Score (rate on 1–5 scale).	
Answers given independently from prompting (rate on 1–5 scale).	
IV. Demonstrates acceptable responses in cases of physical aggression. MUST BE ROLE PLAYED. 1. case of an angry person—use mostly avoidance techniques 2. purse snatching or robbery—let them steal anything. Keep self safe.	

3. case of weapon being used—remain calm, do not grab for weapon.																	
Section IV Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
NOTES:																	

FLOODING, POISONOUS GAS LEAK, EXPLOSIONS (10–12)

NAME:_____

OBJECTIVE: Indicate with a check mark the answers given.																	
1. removes self from the emergency.																	
2. alert others subject to immediate danger by yelling, awakening, etc.																	
3. contacts fire dept., emergency medical services, police as needed.																	
4. contact staff or use emergency beeper.																	
5. follows common sense—e.g., minor first aid if needed.																	
Best Score (rate on 1–5 scale).																	
Answers given independently from prompting (rate on 1–5 scale).																	
NOTES:																	

Part 10

EMERGENCY BEEPER SYSTEM

Some personnel in Whole Life Program rotate 24 hour on-call duties. This system provides a vehicle for participant practice and use in case of emergency. It also provides WLP staff and support services personnel means of locating the responsible staff representative if a problem or emergency arises.

Incoming staff will be taught how to use the beeper system. Incoming WLP participants will be drilled daily on use of the beeper system until 100% mastery is attained; then participants will be drilled occasionally as needed to retain the skill. *A minimum of one practice drill per participant each month is required for retention.*

Staff will also teach participants to differentiate between emergency and non-emergency situations, and etiquette for practice calls to the beeper system (e.g., call before 10:00 p.m. and after 8:00 a.m.).

Participant Emergency/Non-Emergency Examples:

Emergency: Pickup up by police;

Lost in community—can't remember anyone else's phone number;

If no staff on duty: feeling "at the breaking point," nearing physical aggression; injury or illness needing immediate medical intervention; feeling emotionally distraught.

Non-Emergency: Staff on duty could handle the problem;

"Maid service"—a minor problem or complaint that could be aired at a more convenient time.

Staff Emergency: Examples—auto accident with corporation vehicle, no matter how slight. Reporting potential participant problems if several hours will have lapsed before next staff comes on duty.

Part 11

NUTRITIONAL STANDARDS

Participants in Whole Life Program are ultimately responsible for meeting their ongoing nutritional needs.

Nutritional standards will be introduced and encouraged by program staff through curriculum offerings and personal counseling assistance. Support staff will monitor caloric and nutritional intake, weight, blood pressure and individual medical needs. Focus will be on introducing simple, appealing methods for preparing various foods and maintaining good health.

Each participant will have their general health and specific medical problems checked as needed by a community physician. Their reports of findings and recommendations will be submitted to program staff.

Any client who seriously endangers his/her health by inadequate, excessive, or improper nutrition patterns will be subject to temporary or permanent removal from the WLP independent living setting to a more restrictive environment. Appropriate steps would be taken jointly by Whole Life Program staff and support staff if removal were necessary.

Part 12

PSYCHOLOGICAL CONCERNS

The following participant behaviors may be cause for seeking psychological help.

—Verbal aggression
—Threats or attempts at physical aggression
—Self-abusive actions
—Withdrawal; apathy
—Unusual/irregular sleeping pattern
—Preoccupation with an emotion--e.g., crying, unprecipitated anger
—Substance abuse: alcohol, drugs
—Refusal to participate or accept staff assistance
—Swift mood swings
—Exhibition of new patterns that are inappopriate
—Regression

It is important to note that any of the above symptoms may be indicative of established participant patterns (read previous placement records), adjustment to a new environment, fear of failure or the unknown, loneliness, medical problem, or a medication side effect. Any questions or concerns should be addressed to the immediate supervisor for advice.

Staff should follow this procedure when psychological concerns arise:

1. Stay calm. Use common sense.
2. Keep in full control of the situation if at all possible and prudent.
3. Call or have someone call for assistance if necessary from staff on duty, supervisor, staff-on-call, community member, support team, crisis center staff, or local generic service providers (police, emergency medical services, etc.).
4. Analyze the situation in a practical manner. Reinforce positive/desired behaviors; ignore undesirable behavior or isolate offender from the other participants if necessary, or remove others from immediate environment.
5. Keep staff alerted to participant's behavior and possible need for psychological or other intervention through the appropriate channel(s) below:
   —Staff daily log book
   —Notification of supervisor; chain of command will be followed

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—Incident Report
—Staff meeting

WLP administrators and support service personnel (e.g. psychologist, case manager) will determine the extent of psychological services to be provided any given participant. These could include:

a) On-the-spot counseling as needed from WLP staff;
b) WLP group discussion or counseling sessions;
c) Ongoing individual counseling by licensed psychologist;
d) Provision of extra staff person for 1:1 interaction with participant during their crisis period;
e) Utilization of generic community services such as a psychiatrist, the Community Mental Health system, or Family Services.

Part 13

MEDICAL CONCERNS

Each participant will make a notebook containing the following sections: 1) emergency information, 2) medical chart, 3) client medications and standing medical orders, 4) health progress notes, 5) consultations, 6) weight charts and blood pressures, 7) physical evaluations, 8) special medical concerns (PT, OT, seizures, special diets), 9) dental progress notes, 10) burial fund, if any.

Since the individual is responsible for his/her own care, maintenance of positive health care is up to him/her. WLP insures helping participants obtain health care as needed. Participants make their own appointments with doctors, dentists and other professionals under the guidance of WLP. Direction and encouragement for positive self-care comes from WLP staff and support team. If a participant becomes self abusive or ignores directions that impact seriously on his/her well-being, he/she will be subject to removal from an independent living situation.

Participants self-medicate and retain their own medications in their apartments. A record of current meds is in their medical notebook. If they are not able to self-medicate, distribution of meds once a day by staff takes place.

ADULT LEARNING SYSTEMS, INC.
EPILEPSY—SEIZURE REPORT

Location:_____

Date:_____ Time:_____

Circle Appropriate Observations

Participant: cried out, became confused, vomited, became disturbed

Jerking: right arm, left arm, right leg, left leg, none

Fell: backward, foward, right, left

Eyes Turned: right, left, upward

Body Was: rigid, jerked rhythmically, unconscious, received lacerations,

nothing was observed

After Seizure,

Note: bowel movement, urination, tongue was bitten,

confused, slept, nothing different observed.

Duration:_____

Present Medication:_____

Remarks:_____

Staff Member Date

Staff Member Date

Part 14

EXIT

Whole Life participants may exit for the following reasons:

1. He/she is ready or chooses to live on his/her own without Whole Life program offerings. A minimum of three days notice to the Interdisciplinary Team is required.
2. He/she is asked to leave by the Interdisciplinary Team because of harm to self, another participant or other behavior which endangers the health and well-being of others in Whole Life Program.

When a person leaves Whole Life, an exit form is utilized to record personal funds and medications in participant possession. It is signed by a WLP representative, the departing participant, and their relative or staff person from the new placement.

WHOLE LIFE PARTICIPANT EXIT SHEET

NAME:_____ CURRENT PHONE:_____

CURRENT ADDRESS:_____

_____

FORWARDING ADDRESS:_____

_____

FORWARDING PHONE:_____

Belongings of participant to be taken upon departure;

Money in account at time of departure: $_____
(Must keep $_____ in account to insure all bills paid.)
Account will be closed when all bills have been paid.

#_____ meds. remaining—Name of medication:_____

#_____ meds. remaining—Name of medication:_____

Signature of Participant:_____

Date:_____

Whole Life Staff Signature:_____

Date:_____

Witnessed by:_____

Part 15

VEHICLE USAGE AND MAINTENANCE

Adult Learning Systems, Inc. vehicles will be used for direct service to participants. Personal vehicles are used for business indirectly involving participants. At times, personal vehicles may be used to transport individuals, mileage reimbursement may be allocated if trip approved ahead of time by supervisor.

Vehicles will undergo periodic maintenance using a maintenance checklist. Individuals will find other means of transportation during these times.

First driver of the day will check lights and brakes before allowing participants to ride in the vehicle. If, while driving, driver or passenger hears anything abnormal, a report must be made to the supervisor within 24 hours.

Cleaning of the vehicle is the responsibility of all persons using the vehicle.

Accidents must be reported according to personnel policies. Unusual Incident Reports must also be filled out.

VEHICLE MAINTENANCE CHECKLIST

Month of_____

TASK:	DATE COMPLETED
1. Wash car	_____
2. Clean inside of car	_____
3. Check oil/put oil in if necessary	_____
4. Check tire pressure	_____
5. Check windshield fluid/fill if needed	_____
6. Note any damages to car	_____
7. Other:_____	_____

Quarterly Check of Car:

TASK:	DATE COMPLETED:
1. Battery water	_____
2. Brake fluid	_____
3. Transmission fluid	_____
4. Power steering fluid	_____
5. Complete quarterly car report and attach checklist	_____
6. Other comments:_____	_____

Facility:_____

Initial when completed and turn in to supervisor.

APPENDIX

Bibliography and Resources

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Securing Occupational Achievement Through Readiness Skills (SOARS), Eastern Michigan University, Willow Run Community School, Washtenaw County Community Mental Health Development Center.

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Stout Vocational Rehabilitation Institute, Materials Development Center, University of Wisconsin—Stout, Menominie, WI 54751.

NOTE: A. Any adult basic education materials can be adapted to specific individual's needs.

B. Simplicity and activity orientation is important to reach objectives.

ABOUT THE AUTHORS

Jan L. Black is President of Adult Learning Systems, Inc. She has been active in the field of disabilities since 1975 when she joined College for Living staff at Metropolitan State College in her home town of Denver, Colorado. Jan's professional interests include program design and refinement, public information (slide-tape shows, articles, speeches), monitoring budgets, and interacting with staff and consumers. She loves challenges, problem soiving, and innovation. Her leisure time is spent enjoying skiing and racquet sports, exploring and photographing foreign countries, climbing mountains, making her cat happy, and visiting with friends.

Jane Provencal is a Registered Nurse presently employed by the Michigan Department of Mental Health coordinating the implementation of the Plymouth Center deinstitutionalization Court Order.

She has been working in the field of Developmental Disabilities since 1969. Her professional interests include individual client advocacy and exploring new program concepts.

Alice Roelofs has been designing, creating, and implementing programs for special populations for the past thirteen years. She founded the College for Living Program (Adult Continuing Education in age appropriate environments) in Denver, Colorado, in 1974. She has developed living skills curriculum which has been disseminated throughout the U.S. and several other countries. Currently, she is Executive Director and Vice-President of Adult Learning Systems, Inc., a not for profit corporation designing and running programs for adults with disabilities. Her professional areas of interest are business administration, program design, curriculum development, and training of professionals. Her belief that all people are both learners and teachers and her emphasis on testing parameters have proven to be a positive approach in the professional and personal arenas. Alice's two sons, Alexis and Erik Kreps, explore the world with her. She thrives on long walks, discovering different spiritual and cultural communities, being with her intimate friends, and studying a variety of subjects.

The book itself should prove to be an extremely helpful resource to human service professionals as it includes the most detailed (and easily presented) information necessary to start, maintain, monitor, assess and reevaluate a program which targets independence. I am certain that it will be welcomed enthusiastically by people with an itch to start something that will encourage a little more careful risk-taking for individuals who have been harbored from much of life's richness because good friends have wanted to spare them pain....

I thank Whole Life for its "heaps of faith" because it has helped the Macomb-Oakland Regional Center accept that we have not come far enough yet, and, further, to recognize that Perske's Dignity of Risk concept applies to professionals and agencies as well as client consumers.

Whole Life has unlocked yet another door which has kept some people spectators instead of participants. It didn't come too soon.

Gerald Provencal
Mt. Clemens
1983